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CLINICAL LECTURES.

COCCYGODYNIA.

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DELIVERED AT THE PHILADELPHIA HOSPITAL.

[Reported for THE MEDICAL BULLETIN by J. W. WEST, M.D.]

GENTLEMEN: I present for your consideration to-day a patient with the following history: Mrs. — fell upon the floor over two months ago, striking and injuring the coccyx. Since this injury she has been confined to the bed a good portion of the time. She is unable to turn over without severe pain. In sitting she allows but one buttock to come in contact with the chair. Sitting and rising are attended by agonizing pain. This is quite severe in evacuation of the bowels. In making pressure over the coccyx she complains very bitterly. Introducing the index finger into the rectum, the coccyx is found very mobile, can readily be moved backward and forward, but every motion increases the distress. She has been kept quiet in bed, and counter-irritation secured by painting with tincture of iodine, without, however, producing any beneficial result.

Pain and discomfort in this region is not an infrequent symptom, and may, as in the case before us, result from injury or be caused by inflammation in the covering membrane of the bone, or is a reflex symptom, caused by disease of some of the pelvic viscera.

The condition was described by Mott in 1844, and the treatment suggested for its relief. His work, however, seems to have made so little impression that it was soon forgotten, until the subject was revived in 1861, nearly simultaneously, by Simpson, of Scotland, and Scanzoni, of Germany. The present name of the disease, coccygodynia was conferred upon it by the former. You are aware that the coccyx consists of four rudimentary vertebræ forming the caudal extremity of the spinal column. These separate bones become united and after the age of forty there is likely to be union between this bone and the sacrum.

To the apex and sides of the bone are attached the greater and lesser sacro-sciatic ligaments, the coccygeus extensor, gluteus maximus, sphincter ani, and levator ani muscles. The disease occurs most frequently in women who have borne children, though by no means confined to them. It has been seen in young, unmarried women, and, indeed, has occurred in children five or six years of age.

The principal causes are: Blows or falls upon the coccyx; injuries received during parturition; cold, and exposure; uterine and ovarian disease. The most marked symptom arising from the condition is pain while sitting. In most cases, as in the one now under consideration, there is also pain in rising, walking, defecation, and, in fact, any movement which brings the group of muscles attached to this bone in action. In some cases the pain is so intense that the patient dreads the necessity for any sudden or violent movement. Cases have occurred in which, as a result of injury to the sacro-sciatic ligaments during parturition, the pain is only felt when these ligaments are put upon the stretch, in displacements backwards of the coccyx, as in defecation. There are

others in which no tenderness is found upon examination, in which the condition is simply neuralgic. We frequently find pain here an indication of disorder of the pelvic organs, hence a reflex symptom. Not all cases of pain while sitting, however, are to be attributed to disease in the coccyx or its environs. This is also a symptom of cancer uteri, and cellular and perimetritic inflammation of the pelvis.

In considering the treatment, it is nccessary first to determine that the disease is not due to uterine or ovarian inflammation or fissure of the anus. Should it be the result of any of these conditions, our remedies should first be devoted to their relief. When primary, it may be treated by blistering applications of iodine and the galvanic current. Morphine hypodermatically, iodoform suppositories, and other remedies have been tried, but usually ineffectually. For the radical relief, two measures have been suggested: (1) The subcutaneous division of the muscles and ligaments attached to the bone. (2) The removal of the bone.

In view of the suffering the patient under consideration had already undergone, and the liability of the bone, separated frum its muscular attachments, forming faulty union, it was deemed best to make "assurance doubly sure" by the removal of the bone. To do this the patient was anæsthetized and placed in the semi-prone position. Assisted by Drs. Parvin and Stryker, Dr. Montgomery removed the coccyx.

A vertical incision was made projecting at each end one-quarter of an inch beyond the bone, and this completed above by a transverse. The covering of the bone was pushed off, and the lateral muscles and ligaments separated. The bone was now grasped by forceps in order to separate the underlying muscles, but it was so friable that it broke, and was subsequently removed piecemeal.

It is usually recommended to introduce a drainage-tube to prevent burrowing of pus, but Dr. Montgomery preferred to endeavor to secure primary union by encircling the upper part of the wound by a suture, and thus secure close apposition. Some six or eight iron-dyed silk sutures were introduced, the wound dressed with lint saturated with glycerole of carbolic acid, covered with sublimated cotton, and held in place by adhesive strips and a T bandage.

"This patient's bowels were thoroughly evacuated by a purgative before the operation, we will now give her food which will furnish nourishment with but little waste material. I know of no better agent than the liquid beef extract, called Bovinine. Of this she will be given one or two teaspoonfuls every four hours. You might suppose that milk would serve well for this purpose, but the large quantity of caseine in the milk leads to the formation of scybalous masses. We will also direct that she have sufficient opium to prevent an evacuation of the bowels for the first week. We shall look forward to this patient receiving complete relief."

February 12th.—She did not experience much distress, complained mostly of being tired of lying upon the side. The dressing and sutures were removed on the seventh day. There was considerable induration about the wound and some suppuration along the suture tracts. The same dressing was renewed, and the inflammatory symptoms rapidly subsided. At present the wound, with the exception of a superficial portion one-half of an inch long, has completely healed. The tenderness has largely disappeared, and the pain, upon movement, has entirely vanished since the removal of the sutures. She is now able to sit up, but, owing to its still being tender, she does not sit long at a time. The result, so far, has fully justified our anticipations.

INJURY TO THE FACE; FRACTURE OF THE GLENOID CAVITY OF THE SCAPULA; FIBROID TUMOR OF THE HIP.

BY JOHN H. PACKARD, M.D.

DELIVERED AT THE PENNSYLVANIA HOSPITAL.

[Reported for THE MEDICAL BULLETIN by J. W. SUTTON, M.D.]

THE case which I shall present first to the class to-day, is one that was admitted here on the sixth of the month, just ten days ago. You will recollect that when I showed him to you before, I explained the injury he had received to the upper maxillary bones and the plan I had adopted to keep the bones in place. You remember that an explosion sent a stone flying in the man's face and destroyed the antrum. There would have been no difficulty in pushing the upper maxillary bone entirely out of place. The floor of the orbit was destroyed so that it could have been pushed down into the antrum very easily. The first idea that

occurred to me was to pass a steel needle directly across the nose, and then to put a hare-lip suture across to keep the bones in place; the next idea was to stuff the cavity with iodoform gauze, and this was the plan which I adopted. Antisepsis could not be carried out fully in this case, because we could not guard the cavity entirely from the admission of air from within from the nasal passages. We could keep it out entirely from the outside, but not from within. Now I will try to withdraw the iodoform gauze. There has been a little sloughing here, and I shall probably find that along with this iodoform gauze there will come out something from the slough. I find this cavity is filling up, and the granulations which are filling up the cavity have become attached to this iodoform gauze, so that if I were to persist in drawing out that pad there would be some bleeding and the granulations would be torn, and I should interfere with the healing of that cavity more than I care to do. If in three or four days we find that the iodoform gauze should have loosened, we can withdraw it if we desire, but I am quite confident that the gauze will be forced out by the healing process, and the contour of this man's face preserved. This other wound, that we could close in all directions, has acted exactly as wounds do under antisepticism. Now there is one point to which I wish particularly to call your attention; in this case the sutures which we use are catgut, and this catgut is absorbed where it is in the tissues. I show you here one of these sutures which has just been rubbed off, the part which was within has been absorbed.

In amputations, it is sometimes a curious thing to see a row of sutures all along the line of the wound, and you pass your finger along and wipe them all away, the parts within having been absorbed.

Now, I want to see what the condition of this man's eye is. I find that the eye is quite sound; there has been no damage done to it. I was somewhat apprehensive that injury had been done to the eye itself, because when he was first brought in here it was quite impossible to ascertain the amount of damage that might have been done to it.

I shall, directly, show you a case which is one of a good deal of interest, and which involves several points of diagnosis, and in which I shall show you several peculiarities in the treatment. While the man is being etherized I will show you an old fracture of the arm.

The points that I will particularly ask your attention to, in a case of tumor which I am going to remove, are points of diagnosis. You very often see cases of fatty tumor which resemble very much malignant growth. I saw such a case in a woman at Chestnut Hill, who had a tumor that weighed fourteen pounds. In this case there had been ulceration, so that it resembled so much a malignant growth that its removal had been declined by several surgeons. The woman died of cerebro-spinal meningitis, and the tumor interfered with putting her in the coffin, and therefore it was removed, and the doctor very kindly sent it to me. I found that it was nothing but a mass of fat, and might have been removed without any danger at all.

Here, gentlemen, is our fracture. This man fell from the topmast of a vessel, fourteen days before his admission, and struck on the top of his shoulder. In the hospital, it is not very often that we see fractures some time after they have occurred, so that we seldom get a chance to study the natural history, so to speak, of a fracture. This man is quite muscular, and he states that after the injury to his arm he continued to work about the deck of the vessel, nothing being done save to put it in a sling. Now we will see what happens to a fracture when it is let alone.

In the first place let us see what the fracture was. The fracture was evidently in the neighborhood of the shoulder. It is possible that it might have been the coracoid process of the scapula, but the coracoid process is seldom broken, and it is difficult to see how it could be broken by a fall on the top of the shoulder. It is not at all impossible that there might be dislocation here, either alone or with fracture, but as I move the arm I feel distinctly a crepitation.

My impression about this is, as far as I can tell till the swelling goes down a little, that there has been a fracture of the glenoid cavity of the scapula. We shall have the arm simply supported in a sling, close to the side, and watch it carefully, and if there is any indication after the swelling goes down for correcting this displacement we will do it. There is great difficulty in these cases of fracture about the shoulder-joint of getting a good result.

It is wise not to promise your patient too

much in such cases, for it will not redound to your credit if you promise a good result and you get a stiff shoulder, while your patient will be much better satisfied with you if you do not encourage him to expect too much and then get a very useful joint.

Now, this is the case which I believe to be a fatty tumor on the posterior part of the hip. It appears to be connected with the fibrous structures at the back of the trochanter. I want to call your attention to it especially, because there are two points of diagnosis to be particularly noted in this case. You will notice that this tumor looks very much like an abscess, and it is not at all improbable that an inexperienced person might puncture it as such. Now, if you will just glance at that, you will see how very much it looks like one, and the temptation would be very strong to put a knife in and relieve it of the pus.

The man is fifty-seven years old, a sea captain, and has always been healthy. About five years ago he first noticed a lump in his buttock about the size of a hickory nut, from which time it has increased. It is so situated, that when this man sat upon a hard seat, bearing his weight upon it, the sciatic nerve would be pressed between the tumor and the sacrum, and it would be a great annoyance. I once had a patient with a tumor in the same region that ought to have been worth a good deal of money to me, as I always said. He had a tumor between the sciatic nerve and the sacrum. When I saw him his feet were swollen, and he was in great distress; I told him that he had a tumor which should be removed, but this he would not consent to, and went away, and I saw no more of him for a time. About seven months afterwards he came back to me and was willing to have the operation performed. A number of medical men who saw the patient doubted the utility of the operation. I had the patient etherized in the presence of these gentlemen and made the incision, and a tumor just about the size of a lemon popped out. That night the man slept in bed for the first time in seven or eight months. I always said that if that man had been worth a million dollars the case would have been worth a great deal of money to me, for he would have paid me a very handsome fee, and a great deal more of notice would have been taken of the operation.

Now, in approaching a case of this kind what is the best way to expose that tumor? The best plan will be to put the incision where it will cause no inconvenience. I think the best place will be in that fold of the buttock, as it will be out of the way there and the scar will not show so much. Now I will make that incision obliquely. In a few moments I think I will be able to show you the contour of this tumor. My object will be to get it out as nearly as possible in its capsule, for I think it will then be less apt to recur. The tumor about which I just told you was a fibroid. I may, very possibly, find that this is a fibroid tumor, in which case I shall be all the more satisfied that its removal was very necessary, for the chances of recurrence would be much greater. As I get deeper in this operation, I am inclined to think we will find, when I get it out, that it is, in the strictest sense of the word, a fibroid tumor.

The adhesions to the skin here are so firm, that even with this dull knife it has been impossible to avoid "button-holing" the skin. When I get the tumor out I shall go back again to that point and investigate, to see if I have gotten the whole of it from there, because there has been a very close adhesion to the skin at that point, which makes me somewhat distrustful. I do not think there is any vessel of any size that will be wounded here, if there is one, it will probably be the artery accompanying the sciatic nerve, as that is the only vessel of any size likely to be met with. Here is the tumor, and, I believe, absolutely entire, I do not think any portion has been left. Now we will wash the wound with bichloride water, and see if any portion of the tumor has been left. On close examination, I am not able to detect any part of it left behind. I want particularly to call your attention to the condition of this wound when we get through with it, because that will be a matter of the very greatest consequence.

Now we will, of course, put in a catgut drain. There will not be any suppuration here, at least we will be disappointed if there is any.

We will also put in some relaxation sutures, and we will use them in a somewhat different manner from the usual way, this is one point to which I wish to call your attention.

We will use two gum bougies, put one on each side, and fasten the relaxation sutures to them.

This is not, as I had supposed, a fatty tumor, it is a cyst, with very thick walls; it looks as

much like some cystic tumors of the breast, testes, or other glands, as can be, but I think it is the breaking down of a fibroid tumor.

Now the difficulty with the relaxation sutures generally is, that they are drawn directly across the edges of the wound; they pucker it up and sometimes bring about a good deal of disturbance. Now the method I propose to adopt is, as I told you, to use two gum bougies, and, instead of bringing the ends of the relaxation sutures up over the wound, to fasten them to the gum bougies, and thus do away with the puckering. In regard to this bleeding, you must recollect that a tumor of this kind, although having no immense vessels going to it, has, nevertheless, a very great vascular supply, and, therefore, we have considerable bleeding after its removal. Now, you see when I bring those edges together there will be an extremely small scar left, and it will be in the fold of the buttock.

I want you to note the manner in which these relaxation sutures are applied, because it is a matter of a very great deal of consequence.

It looks as if we were going very much afield here, but we are not. We have put the drain in at the very deepest part of the wound, below the relaxation sutures. You see now how entirely that cavity is obliterated, and we will now proceed to put in some superficial sutures. Having a catgut drain in the very bottom of the wound, we drain away whatever serum may perhaps be collected there.

LEUCORRHŒA.

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[Reported for THE MEDICAL BULLETIN by HARRISON S. GILL, Student of Medicine, Jefferson Medical College.]

THIS is one symptom which is attendant upon so many of the disorders and diseases of women that it can almost claim for itself sufficient independence to serve as a topic for our conversation to-day. There is scarcely a complaint which women are subjected to that is unattended by some sort of discharge from the genital tract; and, indeed, so important is the study of the character of this discharge that we frequently base a diagnosis upon its characteristics. The vulvo-vaginal glands secrete a material which is for the purpose of lubrication; any irritating cause or excitement affecting the genital organs, or the lower part of the vaginal tract, will be followed by secretion from these glands. They lubricate the perineum when necessary. We also find glands in the mucous membrane of the vagina itself, and in the cervix uteri, which are also lubricants; the latter especially valuable in parturition. These secretions can be augmented by irritation and by mental influences; augmented to such an extent as to become pathological. You will notice the glairy mucus, white-of-egg-like in character, which appears at the os externum, plugs up the uterine canal as far as the internal os, and becomes annoying to the patient, and is known as the whites. It is simply an excessive secretion from the mucous glands. It is often, when in excess, due to debility, obstruction of the circulation, and anæmia; pathological only when it is excessive. Discharges that are due to excessive action of the glands possess these characteristics; they are watery, more or less viscid, containing epithelium elements, and varying in amount; sometimes being so excessive as to cause distressing symptoms. Another form of leucorrhœa accompanies various grades of inflammation of the mucous membrane of the vaginal tract. Of this variety we have the traumatic and the specific, and that which accompanies flows of low grade. The traumatic may be the result of local irritation applied to the mucous membrane, or it may be the result of masturbation, of rape, or of a foreign substance within the vagina, uncleanliness, or a complication of one of the exanthemata.

The specific variety is due to gonorrhœa, vaginal chancre, or mucous patches. You will readily see that a discharge which comes from the mucous membrane, inflamed by local means, partakes of the usual elements of inflammatory process. We have the suddenness of onset, heat, pain, dryness of the surfaces, giving way to an exudation, and the exudate may be of a catarrhal or superficial character, or may, if the cause be sufficient, be composed of organized lymph, and attached to the basement membrane. The history of the case will greatly aid you in making a diagnosis as to the cause. In gonorrhœa you have the one prominent symptom, ardor urinæ, to guide you; this is always more or less present in gonorrhœal vaginitis. History of injury will be given in connection with simple vaginitis. The statement of an attempted rape will possibly precede the history of the case. The presence of a pessary,

or the fact of irritating applications, will appear in the examination of a patient suffering from vaginitis from one of these causes. Now let me tell you that vaginitis of this kind, owing to the continuity of the mucous membrane, rapidly extends, and we have it involving the external cervix, and soon after traveling up into the canal; therefore, I may say that a purulent discharge, possibly containing blood, is either due to vaginitis, involving the mucous membrane to a considerable extent, or to endometritis, affecting the body of the uterus, and this is the way we make the differential diagnosis. In the present case, inspection will find the vaginal mucous membrane highly inflamed, sensitive, with œdema and heat attending it. In the latter we may be able to introduce the speculum, and possibly find supra-vaginal catarrh, but with a congested cervix, the uterus excessively tender to the touch, and upon the attempted introduction of the sound it will be found that the mucous membrane of the uterine canal is swollen and inflamed, and the part itself exquisitely tender up to the fundus.

Of course, as you would naturally suppose, various growths, such as tumors, in various parts of the genital tract, will be accompanied by inflammation of the mucous membrane, more or less severe. We also find a lacerated cervix frequently, and the uterus is subinvoluted, having everted edges, crater-like in appearance, with the muco-purulent discharge more or less excessive, frequently mixed with blood. These cases are by no means uncommon, but fortunately, thanks to uterine surgery, are amenable to treatment. Ulceration of the cervix is frequently found in vaginitis due to the rapid extension, and the fact that the discharge is excessively acrid. I have frequently seen it in young women, and the angry appearance of the cervix has been in many cases pathognomonic. I may say to you at the present time, with the use of cocaine we can anæsthetize the mucous membrane, so as to allow an examination by the speculum, without giving pain. If you let the patient introduce into the vagina about a drachm of the four per cent. solution of cocaine about one half an hour before your examination, or introduce a suppository of ten per cent., you will accomplish this result.

The matter of treatment is one which, of course, is most important. Let us for a few moments dwell upon the method to arrive at the proper determination as to the form of treatment to adopt.

A patient consults you with the following symptoms in addition to leucorrhœa: We will say that she is about twenty or thirty years of age, unmarried; her appearance pale and anæmic; she gives a history of having devoted considerable time to the requirements of society; has been educated in a fashionable school; she complains of frequent headache, loss of appetite, backache, dysmenorrhœa; menstruation tardy, great deal of pain the first day; it lasts for a week. Following menstruation she suffers from leucorrhœa, "the whites." Her appetite is poor; does not care to take much exercise. She goes away in the summer, and comes back much improved; but in winter resumes her former condition. Now here is a case in which the leucorrhœa is not the origin of her trouble, but is entirely secondary. In a case of this kind the patient is suffering from mal-nutrition, mal-assimilation, and anæmia. She wants to be built up; not by simply giving her iron alone, and a few directions as to food, dress, and rest: she wants a change in her whole mode of living; she requires to be rebuilt. For such a case I know of nothing better than Mitchell's rest cure, with its accompaniments, and after her nutrition has been established, when she has grown stout and strong, if her local uterine symptoms remain, then, and not till then, would it be well for you to examine their condition. You will possibly find some abnormality. Deficient development, with the usual rapid growth, may have affected her uterus, and the requirements of dress, tight-lacing, or constipation, have produced some displacement or some degree of uterine flexion; congestion of the organs or the visceral circulation has taken place. The ovaries have become congested, displaced, or tender; the veins of the uterus are engorged, and cervical leucorrhœa has been the result. Replacement of the ovaries, with depletion, should be attempted. By cotton and glycerine tampon, deplete the mucous membrane, and widening the uterine canal by dilatation, will possibly straighten the uterus. Cold water injections will add tonicity to the ligaments and submucous tissue, and the local treatment will result successfully.

Another patient will come to you with the following history: You can find out nothing about her; possibly, she is a married woman,

possibly, not. She is usually young. She has been driven to seek your advice by excessive burning when she urinates, which is accompanied by a discharge; is usually yellow, and the labia agglutinated; you will notice that they are swollen; mucous surfaces excessively tender when separated. Inflamed mucous membrane, reaching the urethral outlet, bulging, and often showing the inflamed canal within. Now, in this case, there may be caruncle, so you will have to carefully look out for this condition; but, as a rule, caruncles are not accompanied by such excessive discharge. An acute history, as just described, points to gonorrhœa, and as you frequently find gonorrhœa when you do not expect it, my advice to you is to expect it often. In such cases there is always tenderness and enlargement of the lymphatics in the groin.

Another patient will come to you with the following history: She is a married woman; has had several children; probably last time pregnant, miscarried. Her menstrual periods are possibly more frequent than they should be; she suffers from menorrhagia usually. During the intermenstrual period she notices a discharge, more or less severe. It is usually yellow, staining her underclothing, sometimes quite red. Has abdominal tenderness, suffers a great deal from backache and sciatica, and has pruritis. Now, in this case, let me tell you, that, without examination, you could almost say it was endometritis; laceration of the cervix. A sanguinous or purulent discharge, which occurs at or after the menopause should always excite suspicion of carcinoma. She may also have hyperplasia of the uterine tissue, with subinvolution; uterine prolapse, and either retroflexion or surely retroversion. In this case we have obstacles to the portal circulation, and, in all probability, possibly engorgement of the hemorrhoidal veins; constipation and hemorrhoids, and then various reflex phenomena appear, some of which are the result of uterine disease, and others, the result of functional inactivity of the liver.

These cases will drift from one physician to another. If one should simply notice the local condition and attempt to treat it alone, another physician whom she consults will see all the fault in the hepatic disturbance, and neglect the uterus. It is the simultaneous treatment of both that finally results in success, and I cannot impress too forcibly upon you the importance that they have in gaining your reputation as skillful physicians.

Let me call your attention now to the subject of treatment, and I beg that you will follow me with care, as I shall endeavor to outline this part of our subject, basing my statements upon the divisions as presented.

The discharges from the genital tract of children are usually of the muco-purulent or viscid type. A local vaginitis is the result of rape, masturbation, or dirt, neglect, poverty, or possibly gonorrhœa. It is an extremely difficult matter to differentiate, and the treatment will be about the same, and it is alone the question of treatment with which we have to deal at present. If the attack be acute, we should bathe the parts with a solution of lead-water and laudanum, or use warm-water irrigations, and give an injection of a lotion composed of sulphate of zinc and wine of opium, to act as an astringent. You might also use hot irrigations (one part in one or two thousand) of corrosive sublimate. In cases that have been of long duration, it is far better to etherize the case, and gently introduce a small speculum. Inspect the parts thoroughly, wash them out well and apply either finely powdered boric acid, or, better still, iodoform, over the whole surface, every three or four days. The same condition of affairs, with painful urination, would point to gonorrhœa, the treatment of which would be about the same, though possibly you may pencil the parts thoroughly with strong solution of nitrate of silver, and give copaiba, internally, for its influence upon the mucous membrane, and use as an injection sulphate of zinc, wine of opium, or a lotion with cider vinegar as its basis. Free irrigations of warm water with corrosive sublimate (one part to three thousand) several times a day are also valuable.

An intermittent white leucorrhœa of a curdled appearance would point to endocervicitis, where the discharge of the cervical mucous membrane has been acted upon by the slightly acid secretions of the vagina. Such cases are found in the higher ranks of society and in tired-out sewing girls, and is dependent upon anæmia, with passive congestion of the genital tract. The constitutional treatment, I have already alluded to. The local treatment would consist of injections that are slightly astringent: chlorate of potash, alum, white-oak bark, pix liquida, golden seal, etc. These injections should be made once or twice a day, using cold water; and it is well to bear in mind that sub-

stances should only be used that leave no stain upon the underclothing. Sea-baths are admirable, or salt water, cold or warm, is of great service, both as baths and injections: mild applications might be made to the uterine canal after dilatation and intra-uterine suppositories of mild astringent character. In these cases, after the bowels have been regulated, I am a firm believer in the use of arsenic with chalybeate waters. Indeed, if you put into a demijohn of pure spring water a couple of ounces of iron filings and a little lemon-juice you will get an admirable water, which can be taken in a wineglassful with five drops of Fowler's solution two or three times a day after meals—a valuable and cheap tonic. I have known the sulphate of copper to be an excellent application when applied to these mucous surfaces. You can use it on a cotton applicator with a ten or fifteen per cent. solution. Now it must be distinctly understood that the more superficial the catarrh is, the less active should be the treatment; indeed, a common-sense view of the matter would show us, in the stage where we have great congestion and dryness of the surface, that astringent or dry applications do more harm than good in whatever form of catarrh affecting the uterus and its appendages. In great congestion, either active or passive, the endeavor should be made to establish the secretions, and rather to encourage at the onset a leucorrhœa than to check it. For such purposes we make use of the glycerine and cotton tampon. Use injections of warm or hot water, hoping to relieve the congestion or to get reaction. Use local vapor baths, or local depletion by scarification or leeches, but where we have excessive secretion, which may be due to passive congestion, and is simply debilitating, or where we have the exudation coming from denuded surfaces, then a form of treatment should be used which is astringent or alterative to the mucous membrane. We may use for this purpose such powders as bismuth, iodoform, tannin, etc.; or, again, if the catarrh has been extensive, the submucous tissue involved, proliferation of tissue takes place, which needs absorption, then stronger solutions can be used to the mucous surfaces, such as iodine or Churchill's solution. You see, then, that the choice of applications to the uterine mucous membrane is not mere guess-work. There is a direct reason for each application used, and I beg of you bear this in mind as there seems to be a tendency to routine practice which is to be regretted in the extreme. But there is another condition of affairs which leads to a multitude of symptoms — prominent among them being leucorrhœa—due to passive congestion of the uterus, interference with the return of circulation, dependent on mechanical action; you know that very frequently after severe confinement the uterus fails to return to its normal condition, and I firmly believe that the prolonged dorsal decubitus in cases of this kind tends to the production of retroflexion so commonly seen in married women after childbirth.

There is a want of contraction in the muscular elements of the uterus, and the want of absorption of these materials that have undergone fatty degeneration and the connective tissue, remain and give it weight; and finally, the superabundant pressure by the intestines causes a retroflexion or retroversion to take place, and the interference in this way with the exit of venous blood, often leads to pelvic cellulitis or peri-uterine deposit, or the patient has partial prolapse of the uterus and its appendages. Now, passive congestion, as you know, leads to connective tissue proliferation, and this engorgement will give rise to secretions that are abnormal, from the mucous membrane; indeed, in many cases we may have subacute inflammation of the womb following this cause, which is noted by excessive tenderness to the touch; we may have dysmenorrhœa, sciatica, metrorrhagia, leucorrhœa, abnormal depth of the uterine canal, constipation, and endometritis. We may have also certain congenital abnormalities, or displacements, occurring at puberty—as anteflexion. I do not include anteversions, because my own studies lead me to believe that anteversions, even when very marked, are often normal conditions. In anteflexion, especially if it be at the internal os, engorgement, with dysmenorrhœa, hypertrophied mucous membrane, and cervical catarrh will be the result. Applications made to the surface will be of little value. We endeavor, as far as we can, to relieve this engorgement; to straighten the canal as much as possible, and then, if necessary, use astringent washes to check the secretions. In the first class of cases mentioned, those of endometritis, which are acute, with subinvolution, the local treatment may be classified as follows: First of all, rest; uterine rest, as well as rest from physical exercise. The patient, I believe, is far better off

in bed. Occasional doses of opium, if much pain. Counter-irritation of the abdomen by turpentine, or, possibly better, by painting the abdomen with tincture of iodine. Hot-water irrigations in large amounts if the symptoms are acute. Scarification, or leeching the cervix. When the acuteness of the inflammation subsides, a careful examination of the uterine canal may be permitted, but no astringent application should be used until all acute symptoms have been entirely relieved.

Constitutional Treatment.—The first thing to do is to relieve all hepatic engorgement, and unload through the mucous membrane of the bowel. For this purpose, it is well to administer small doses of calomel or blue pill, followed by salines; indeed, very often a dose of Rochelle salt will check an obstinate leucorrhœa, which is the result of uterine engorgement. Free purgation is absolutely essential. The patient's strength must be sustained by readily digested food and the avoidance of great exertion. Large doses of bromide of potash are also advisable. Quieting the nervous system will undoubtedly reduce the hyperplasia. If all the acute symptoms have passed, and the circulation been reëstablished, the object is then to bring the uterus to its normal size, and thus aid in its restoration, and cause absorption of the deposits of inflammation. For this you have recourse to a pessary, that will support the fundus of the uterus, and straighten the vagina. Your choice here should be dependent greatly upon the degree of prolapse and the character of the displacement. It is far better to make your support of cotton, or of oakum, or carded wool, which has been made antiseptic, and thereby can be retained for several days.

In regard to the treatment of these cases, when you have remaining simply an enlarged uterus, containing the products of inflammation in its connective tissue, with symptoms due to mechanical pressure, and a leucorrhœa more or less abundant, we will be obliged to use stronger applications to the mucous surface as far as the fundus; those of iodine, Churchill's solution, or even the stronger acids, and if the mucous membrane has taken upon itself excessive growth, with hypertrophy of its follicles, the blunt, wire curette of Thomas will often have to be brought into use before the tissues will resume their normal condition and function.

ORIGINAL COMMUNICATIONS.

TEREBENE IN CHRONIC RHINITIS.

BY ISAAC BARTON, M.D.,
Laryngologist, Medico-Chirurgical College, Philadelphia.

TEREBENE was brought to the notice of the medical profession in 1873, by M. Ribau, who read a series of papers on this and similar substances before the Pharmaceutical Society of Paris. It has lately been brought into prominence by Dr. William Murrell, of London, who has given it in over one hundred and fourteen cases; he has also notes of its value in eighty-one out of ninety-four cases. Dr. Murrell says that much of the terebene now being sold may be described as inferior, and to this fact he ascribes some irritating effects noted in a few of his cases. Some care should be taken by the physician in prescribing, and the druggist in ordering the article, to all cases.

The following is the method of the preparation of medicinal terebene:—

℞.	Oil of turpentine . .	1000 parts.
	Sulph. acid concentrated	q. s.
	Solution of soda . .	q. s.

Mix the oil of turpentine slowly with twenty-five parts of sulphuric acid in an open vessel, and agitate thoroughly. When the heat generated thereby has become moderated to 70° Cent. (158° Fahr.) add another portion of twenty-five parts of sulphuric acid. Repeat this at suitable intervals with three more portions each of twenty-five parts of the acid, taking care that the mixture does not acquire too high a temperature (if not properly watched it might rise to 130° Cent., or 266° Fahr., and even higher). Stir the mixture for some time at brief intervals; then set it aside for twenty-four hours. Remove the oil from the acid, wash the former with enough solution of soda to remove all trace of acidity, then transfer the oil to a retort, and pass a brisk current of steam through it as long as any oil passes over.

The distillate is crude terebene, and should be optically inactive (which is to be ascertained by means of a polariscope). If it is not yet inactive, but turns the plane of polarized light either to the right or to the left (the latter would happen only if the French or other polarizing oil had been originally used), treat it again with sulphuric acid, in proportion of

five parts of acid to one hundred of oil, and again distill with a current of steam. From the optically inactive product finally obtained, which is a mixture of terebene and other hydrocarbons, the real terebene is separated by repeated fractional distillation, all portions boiling above 160° Cent. (320° Fahr.) being rejected.

When perfectly pure, terebene is a white, crystalline mass. In the form in which it is used as an antiseptic it appears as a clear, colorless, optically inactive liquid, having a pleasant odor, resembling that of thyme; the specific gravity 0.860, and boiling at about 156° Cent. (313° Fahr.) Great care should be taken in mixing the turpentine and acid, as the action resulting is apt to be very violent.

I have used terebene largely in private as well as hospital practice, and find it to be of considerable use in the treatment of chronic rhinitis. I have found the best article to be that manufactured by Wm. R. Warner & Co., of this city. If hypertrophy of the nasal membranes be present, terebene is of little use, as surgical means are then necessary for the removal of such growth. I have been in the habit of beginning with three drops of terebene on loaf sugar, given three times a day. This I continue one week, and add one drop each week until six drops have been reached. The patient, at the end of this time will at least be considerably improved, the discharge having stopped, the nasal passages giving more room for breathing, the dull frontal headache having disappeared, etc. I have used the remedy in question locally in the treatment of chronic rhinitis, but find no good resulting; in fact, its action then is that of an irritant, and its elimination from its internal use being the only method, we gain success from it.

Case No. 1.—John L., aged thirty years, applied to me complaining of a distressed feeling in the head, constant, dull frontal headache, considerable discharge from the nares, which had been of over two years' duration. Difficulty in breathing only when the parts were plugged with mucus. General health otherwise good. No specific history. I made an examination, and found the nasal membranes much injected, large quantities of mucus covering them. There was no ulceration, and no true hypertrophies present. I placed him on three drops of terebene three times a day, to be taken from loaf sugar. The patient reported every third day, and at the end of one week I increased the dose one drop, and in another week gave another drop, making five drops t. d. At the end of the third week the discharge had ceased, headache had left him, and the handkerchief seldom called into use. The patient expressed no discomfort whatever.

Case No. 2.—Annie M., aged sixteen years, applied to me complaining of bringing large quantities of mucus from the nares into the pharynx, having been troubled in this way for a little over two years. After washing the parts with Dobell's solution I made an examination, and found the parts well open, and no ulceration. The girl also complained of dull frontal headache, which was "constant." She said the mucus never filled the nostrils, but constantly ran into the throat. I put her on the same treatment as before mentioned, and kept the parts well washed. In a little over three weeks there was much improvement.

I have used terebene in private as well as dispensary practice in thirty-five cases, and found permanent good resulting in twenty-seven, and improvement in the remaining eight cases. I consider the article in question at least well worthy of trial, and should be glad to have the experiences of other medical gentlemen on the same subject.

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THE NECESSITY OF AN EARLY OPERATION IN STRANGULATED INGUINAL HERNIA.

BY ISAAC N. QUIMBY, M.D., JERSEY CITY, N. J.

I THOUGHT it might be interesting and instructive to state my experience in two or three cases of strangulated inguinal hernia, where the operation was too long delayed to be of benefit to the patient. There seems to generally prevail a disposition among the profession, especially in some rural districts, to ignore the importance of early operations in strangulated inguinal hernia. I think it is a well settled fact among surgeons that the rule of procedure is, that all cases of strangulated hernia should be operated upon in from six to twelve, or thirty-six hours, at the longest, after the gut has become strangulated. I will relate the following cases, which illustrate the importance of an early operation.

I was called, a few months since, about fifty miles into the country, to meet several physi-

cians in a case of strangulated inguinal hernia. I received a telegram on Tuesday evening to take the first train on Wednesday morning to "operate for hernia." I took the first train, arriving at the patient's bedside about 10 A.M. I found the patient, a man of fifty-five years, with a strangulated inguinal hernia, which had existed since the Sunday night or Monday morning previous. The cellular tissue of the scrotum had become deeply discolored to a purplish-black hue. The rupture had existed about twenty years, having been kept in place generally by a truss. It occasionally came down, but the patient heretofore had reduced it successfully himself. The patient otherwise was a hale and hearty man.

The family physician was called to the case early Monday morning, but failed to reduce the hernia. He then, on Monday evening or Tuesday morning, called in one or two neighboring physicians, when the patient was etherized and a reduction by taxis, etc., attempted, but failed.

I was then telegraphed for as above mentioned. After my arrival, and a hurried consultation, an operation was decided upon, and the patient was again etherized, and the operation for strangulated inguinal hernia performed After cutting through the soft tissues and exposing the intestine, it was found that the gut had become sphacelated at the seat of stricture and had lost its characteristic lustre for several inches, emitting, at the same time, a somewhat putrescent odor. The gangrenous condition of the gut and the portion of the omentum which accompanied it, being such that it precluded any possibility of the restoration of the bowel to life by returning it into the abdomen, therefore it was thought best to make a longitudinal incision, after drawing down a portion of the gut in order to get at the sound part, stitching the sides of the bowel to the wound, thus forming an artificial anus. The bowels and the surrounding tissues were thoroughly cleansed with the antiseptic solution of carbolic acid (one to forty), and the wound was dressed with lint soaked in carbolic solution and then covered by a large, loose lump of carbolized tow held tightly in place by a bandage. The patient was carefully watched and the wound dressed two or three times a day by the attending physicians, but he succumbed on the second day after the operation.

The second case which I will relate, like the first, was operated on on the third day after strangulation, and is so near a parallel with the first that it would be a mere repetition to describe it minutely. I may say, however, that there was this difference, viz., after cutting down through the soft parts, which were blackened and in an ecchymosed condition, while the gut was found to be black and somewhat sphacelated, it had not lost its lustre. Therefore, after the gut was liberated, it was carefully returned to the abdomen, with the hope that life in the partially gangrenous gut might be restored. The wound was closed in the usual manner with drainage-tube and covered with antiseptic dressing. This case, also, like the first, terminated fatally two and a half days after operation.

In either of these cases, after so long a period of severe strangulation, I had but little hope that the operation would be successful, but it was done as the *dernier* resort, hoping against hope that something might occur by which life would be preserved.

Now, Mr. Editor, I have not related the above cases because there was anything startling or new in them, but merely to call the attention of the profession to the importance of early operation in strangulated hernia, and that too much time should not be lost in a fruitless effort at reduction by change of position, fomentation, hot baths, taxis, etc. All these are not to be despised, and should be thoroughly and carefully tried; but if, after a few hours' trial, they all fail, then the patient should be thoroughly etherized and relieved by the knife.

The frequency of abdominal hernial protrusions is (according to some statistics) about one in every twenty or twenty-five individuals, and farmers, farm laborers, and gardeners, are those most subject to hernia. How important it is, therefore, that some arrangements should be made so that physicians living in the rural districts should be in communication with some competent surgeon (if they do not feel willing to operate themselves), so that an early operation, at least from six to twenty-four hours from the time of strangulation, may be performed. This can now easily be done, as railroads and telegraphs intersect almost every part of our country. It is made more apparent that an early operation is imperative when we remember that there is no way by which we can tell whether the severity of the strangulation is partial, or is so complete as to stop all circulation in the compressed parts.

Therefore, I hold that it is better to err on the safe side by even a too early operation than to run the risk of too long delay, until the gut has become so sphacelated and gangrenous that the vast majority of patients succumb after the operation has been performed.

A FEW REMARKS ON THE USE OF JOHANN HOFF'S EXTRACT OF MALT IN DYSPEPSIA.

BY J. B. POTSDAMER, M.D.

THE importance of not only supporting but improving the digestive function in all cases where the vital powers are below the normal is self-evident. In these cases, we look around to see which is the best stimulant to keep up the failing powers until the system gets into proper working order. The first question is, shall we give alcohol, and if so, in what form? Here lies a great responsibility. It is a well-known physiological fact that alcohol retards digestion, and if its use be continued for any length of time the proper quantity of food cannot be taken. As a stimulant in debilitating diseases, with indigestion slightly or not at all impaired, alcoholic stimulants should be taken with the food. Where the digestion is impaired an interval should elapse between the time of taking food and the stimulant. If we have decided to give an alcoholic stimulant in cases of weakened digestion, which form shall we select? Undoubtedly those containing solid matters, which act as alimentary principles and aid in the digestion of certain articles of food. These are beer and porter. But these latter drinks contain a fair percentage of alcohol—from six to ten per cent.—and this is a disadvantage in the class of disease under discussion. If we can get an article that contains the alimentary principles with only a trace of the latter, we will have the best addition to food that can be found. Such an article we have in Johann Hoff's Malt Extract. This extract contains only a trace of it,—about two per cent. Its action on starchy food can best be shown by giving the results of Dr. J. J. Coleman, F.C.S., experiments reported to the Philosophical Society of Glasgow.

"The Burton Ale dissolved five per cent. of starch; the London Porter dissolved forty per cent.; the Wiexham Ale dissolved twenty-six per cent., and the genuine Johann Hoff's Malt Extract dissolved sixty per cent."

Dr. Coleman, further on, said: "The importance of an agent like Hoff's liquid upon the digestion and nutrition may be estimated when it is considered that starch forms so large a proportion of the diet of man, that in its natural state, or even boiled, it is soluble to the sense of being capable of absorption through a membrane (although it may become pasty or sticky), and that before it can be absorbed by the assimilative organs, it must become soluble."

In conclusion, I would state that, besides aiding in the digestion of starch, and thus keeping up the vital powers, there is something inherent in Johann Hoff's Malt Extract that assists in sustaining the failing strength.

*HAMAMELIS VIRGINICA.**

BY JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Dermatology in the Medico-Chirurgical College of Philadelphia.

HAMAMELIS VIRGINICA, commonly known as American witch-hazel, has long been employed in the southern and western portion of the United States as a domestic panacea for all forms of wounds and bruises. Its undoubted hæmostatic and anodyne effects, when used in this manner, led very many physicians to test its value both internally and externally.

Active Ingredients.—H. K. Bowman states that the bark contains upward of eight per cent. of tannin. Bartlett, from an analysis of Pond's Extract, which is by no means the most certain preparation of hamamelis, reports that it contains a peculiar astringent principle which is thought to be volatile at a low temperature, a diffusive volatile oil, and oleo-resin like terebene. The precise active ingredients of the bark appear, however, to be still unsettled.

Physiological Action.—Dujardin-Beaumetz believed it owes its utility to an action on the muscular fibres of the veins. Phillips, in considering the subject, adds that Hector Guy reports, after observing the effect of very large doses on frogs and rabbits, that no signs of poisoning were produced; neither is the plant poisonous to man, nor does it show any special physiological action on the vascular system (Thèse de Paris, 1884). Headache, he further adds, and in some cases depression, have, however,

* A paper read before the British Medical Association, Section of Therapeutics and Pharmacology, Brighton, August, 1886.

been attributed to full doses. Ringer, likewise, in his work on "Therapeutics," refers to the latter action of full doses of the tincture. Wood and Marshall, in recent investigations of the root, report negative physiological results. Some of the observers just referred to and others have consequently come to the conclusion that the so-called virtues of the preparations of hamamelis depend upon the alcohol they contain, and on the faith of the patient.

The Provincial Medical Journal of England, in commenting upon the views and deductions, first cited, adds: "This conclusion seems an extraordinary one, when the results obtained with hamamelis by some physicians are taken into consideration, and when, moreover, the styptic properties of certain essential oils—such as turpentine, erigeron canadense, etc.—are borne in mind."

Therapeutic Action.—The published reports of cases in which hamamelis has been administered vary considerably. Some observers claim that it is a potent therapeutic agent, while others assert that it is of little or no value. This wide discrepancy is due in part to differences in the strength and dosage of the preparation employed, and in part to its employment in inappropriate cases. According to my experience, the preparation from which the most certain results can be obtained is the fluid extract prepared as directed in the "United States Pharmacopœia," by exhausting 100 grammes of the bark in a sufficient quantity of alcohol and water to make 100 cubic centimetres. The dose of the fluid extract should not be less than twenty minims, and may be increased to two teaspoonfuls, or more if necessary, without producing any untoward symptoms. The therapeutic deductions which follow were drawn from clinical research in my own practice and that of many physicians who have used the fluid extract of hamamelis; that its action is depending upon the alcohol in it, I can, from my clinical experience, most decidedly deny, from testing cases at the same time with diluted alcohol and the fluid extract of hamamelis. The styptic properties and other valuable therapeutic actions claimed for hamamelis were not observed upon giving diluted alcohol in the diseases to which I shall refer later in this paper, but were marked and decided upon the employment of the fluid extract of the bark; and, therefore, from my own experience and that of very many other practicing physicians, I regard hamamelis as a powerful astringent and hæmostatic; it is also slightly sedative and tonic, stimulating the appetite, and improving digestion. It is a remedy *par excellence* in all forms of gastric hemorrhage, and in disease due to a relaxed condition of the venous and capillary walls. It is also serviceable in various forms of active hemorrhage as an adjuvant to any of the cardiac sedatives. It will be found promptly curative in cases of hæmoptysis in which the attacks are prolonged and the hemorrhages are small in quantity, indicative of a continuous oozing, rather than of an arterial or capillary rupture. In cases characterized by sudden and copious hemorrhage, attended by a full and frequent pulse, hamamelis will only be effective when combined with full doses of aconite, veratrum viride, or other cardiac depressants. Hamamelis will frequently act like magic in checking menorrhagia, after quinine, ergot, gossypium, cimicifuga, and the mineral acids have failed. It will not, however, be of any avail in restraining the bleeding due to polypi or other abnormal growths. It is most effective in anæmic patients, and in subjects of the lymphatic diathesis in whom the sanguinolent flow is probably due to relaxation of the muscular coat of the uterine vessels. It is also potent in checking the bleeding which in some women continues without any assignable cause for several weeks after parturition. Hamamelis is one of the most efficient remedies that I have ever employed in the treatment of epistaxis. As is well known, cases of this affection sometimes persist for several days, even after the administration of ergot, digitalis, matico, iron, and sulphuric acid, and the local application of various astringents. If hamamelis be resorted to, however, I am confident that the bleeding will be either promptly checked or reduced to such a small amount as to remove all apprehension.

It is necessary, however, in order to secure the desired result, to consider the pulse and general condition of the patient. If the pulse is rapid and bounding, and the nervous system in a state of excitement, hamamelis alone will not restrain the flow. It must be combined with veratrum viride, or aconite, and morphine. In such cases I usually order—

℞. Tinct. veratri viride . . ♏xij.
Morphinæ sulphatis . . gr. j.
Ext. hamamelis . . . f℥j.
M. Sig.—One teaspoonful every hour.

If the pulse, however, is normal, and the

patient free from alarm, the administration of one drachm of the fluid extract of hamamelis every hour for three or four hours will usually be found sufficient. In chronic cases, where the bleeding is minute but persistent, the continuous application of a solution composed of two ounces of the fluid extract of hamamelis to one pint of water will usually act like a charm. In all cases, however, ice-water should be freely applied to the top of the head and nape of the neck during the continuance of the bleeding. Hamamelis has yielded the most gratifying results in my hands in the treatment of two cases of hæmophilia; I have also employed it with marked benefit in a case of hæmitidrosis, in which iron, quinine, nitric acid, and turpentine had failed. I have not had any experience in its employment in hæmatemesis or hæmaturia; but, reasoning from analogy, I believe it will be found serviceable in these affections when the bleeding is of a passive character. Hamamelis is especially valuable in cases of hemorrhage from the bowels, especially in those of a chronic character, occurring in persons of sedentary habits. I have employed it with success in three such cases, after the usual remedies had been administered in vain.

Hamamelis is an effective remedy in purpura. I have notes of two cases of this disease in which relapses occurred during the administration of arsenic, quinine, ergot, and oleum terebinthinæ, but which rapidly and permanently recovered when placed upon half teaspoonful doses, every four hours, of the fluid extract of hamamelis. The therapeutic powers of hamamelis are displayed to striking advantage in the treatment of varicose veins and varicose ulcers. My attention was directed to its value in these troublesome affections by an article written by Dr. J. H. Musser for the Philadelphia Medical Times, in April, 1883. Prior to that time my treatment of these cases had been troublesome, and not always satisfactory. Dr. Musser's results were so superior to any that I had ever heard of, that I decided to resort to hamamelis also. Since then, my treatment of varicose veins has consisted of the application of a firm cotton bandage, and the administration of one drachm of the fluid extract of hamamelis four times a day. For varicose ulcers, I direct the ulcerated surface to be touched twice daily with a lotion composed of two drops of nitric acid and four ounces of water. The affected limb is then firmly bandaged, and the patient is directed to take one drachm of fluid extract of hamamelis four times a day. Of seventeen cases treated in this way during the last three years, I lost sight of three, eleven were discharged cured in from three weeks to four months, the remaining three were found to be suffering from tertiary syphilis, and did not show any improvement until placed upon a mercurial course in addition, when they rapidly recovered.

I do not pretend to say that the swollen veins returned to their pristine size in every case. In several cases they remained slightly swollen, but the pain, discomfort, and ulceration disappeared, and the patients were enabled to resume their usual avocations. In one remarkable case, the patient was a woman who had suffered throughout five successive pregnancies with varicose enlargement of the veins of the left leg. When she consulted me she was carrying her sixth child, but did not expect to be delivered for nearly six months. The veins of both legs were tortuous and enormously swollen, and the inner side of the right foot and ankle was an almost continuous mass of ulceration. The pain was so excessive that she had not been able to walk for a week, and had not slept or eaten for three days. The right side of the vulva was also swollen, purplish, and œdematous.

This was an unpromising case, but as I had been impressed with the value of hamamelis in similar conditions, I assured her that she would obtain speedy relief. I directed her to bathe her limbs in cold water four times a day for ten minutes at a time, and to bandage them firmly immediately after bathing. I also directed her to keep a cold, wet compress constantly against the swollen portion of the vulva, and to take one drachm of fluid extract of hamamelis every four hours, and a compound cathartic pill every second night. Improvement began at once. She slept well that night; her appetite and spirits returned. In three days she was able to walk with ease; the ulcers healed by the twelfth day, and within two months all traces of varicosity had disappeared. She was delivered safely at the proper time; and, although she has been pregnant again, and delivered of her seventh child, no symptoms of her former trouble ever reappeared.

Three cases of varicocele, in which I exhibited hamamelis, improved remarkably, so that all idea of performing an operation for permanent relief was discarded as unnecessary.

Hamamelis will be found very effective in the treatment of painful and bleeding hemorrhoids. In this class of cases it should be given internally in decided doses, and applied locally in the form of a twenty per cent. ointment or lotion. Laxatives should be administered in addition, in order to keep the bowels freely open until a cure is effected.

Hamamelis is a valuable remedy in the treatment of subacute and chronic diarrhœa. It appears to be especially indicated in cases characterized by frequent painless, watery, or mucous discharges. Its value is enhanced by the addition of a small quantity of opium and nux vomica as in the following formula:—

℞. Tinct opii deod. . . . ♏xx.
Tinct. nucis vomicæ . . ʒss.
Ext. hamamelis . . . fʒj.

M. Sig.—Half a teaspoonful, in water, every three hours.

Hamamelis is an efficient remedy in the treatment of leucorrhœa and chronic gonorrhœa, if administered internally in doses of from twenty to thirty minims three times daily, and also employed as an injection, diluted in the proportion of one part of the fluid extract to twenty parts of water. When diluted in this proportion, or used in the form of the tincture, it will also be found valuable as an external application in hyperidrosis, acne rosacea, seborrhœa, intertrigo, eczema, and some forms of pruritus. The same solution will also be found serviceable as a mouth-wash in mercurial stomatitis, scurvy, and softening of the gums from various causes. It may also be employed with advantage as a local application in naso-pharyngeal catarrh, and as a gargle in chronic pharyngitis, and in all relaxed conditions of the pharyngeal and laryngeal walls. As an application to incised and lacerated wounds, I know of nothing better than the following lotion:—

℞. Tinct. opii deod. . . . ʒss.
Ext. hamamelis . . . fʒss.
Aqua . . . . . ʒiiiss.

TREATMENT OF BENIGN AND MALIGNANT TUMORS

BY PARENCHYMATOUS INJECTIONS OF SOLUTIONS OF JENSEN'S CRYSTAL PEPSIN.

BY WILLARD H. MORSE, M.D., WESTFIELD, N. J.

TWENTY-TWO years ago Thiersch published his method of injecting into the substance of morbid growths a slightly acidulated solution of pepsin, testifying to the profession that this practice was useful in cases of benign growths and in the retardation of malignant tumors. It was a fascinating idea to me when a student, and early in my practice I laid in wait for a fine, large, fatty tumor to be cured in this beautiful way. It came; I saw; I punctured and injected; no success. Another case, three, five. Disgusted, I looked into the literature of the matter. Nussbaum knew the idea and had elaborated it; but, though I put my confidence in that eminent Teuton, and followed him blindly, success did not perch on my hypodermic syringe. I did not give it up until I had provided myself with all the most vaunted pepsins—Boudault's, Scheffer's, Procter's, and Beale's. Then I contented myself with quoting the Psalmist's aphorism concerning a universal lying propensity, and stopped experimentation.

People would have dyspepsia, and I found out that if I were to cure them I must needs have a pepsin that would do the thing I wanted it to every time. Therapy demanded a peptone pepsin, without any adulterant, or earthy or saline matter, with keeping qualities, and with unvarying digestive powers. This I found in the well-known Jensen's Crystal Pepsin, which, it is unnecessary to say, has never disappointed me either in dyspeptic and apeptic disorders, or in infantile diarrhœa. This, however, I do not need to mention. One day my whilom fancy for peptonizing tumors recurred to me, and the more I thought of it the more I itched to try it again, and with my favorite pepsin. There soon offered an opportunity, and, armed with my Dieulafoy, I set out to solve and remove a benign tumor from a child's neck.

The solution then, and since, was one part of pepsin to three parts of distilled water. The tumor had been treated by injections of iron without satisfactory results. Five injections and the solution of the fatty accumulation was achieved. This was the way of the beginning. Since then—and that must have been as late as 1881, or possibly 1882—the operation has been repeated time and again, and almost always with complete success, all other things tending to the effect being equal. Not that it is my practice to the exclusion of the work of surgery, but, in those cases where from any cause extirpation may not be practicable, it well fills the requirement. I say that my results have "almost always" been uniform, and in

referring to the exceptional cases do not understand me as having occasion to find fault with the pepsin. The sole reason for failure having been due to extraneous causes, or when the neighboring lymphatics were involved. Thus in the mean, my results have tallied with those of Thiersch, Nussbaum, and Broadbent, and this both as regards benign and malignant tumors, some of them unmistakably cancerous.

Reports of cases are at the best dull reading, and moreover are more dull to write, therefore I will not burden the busy reader with the details of my note-books. Yet, as to the matter of proof, I will submit something in the way of items. (1) Recurrent carcinoma, as large as a hen's egg, seated in the right side of the inferior maxilla; suppuration excited by injection, and the tumor diminished to size of a hazel-nut. (2) Another carcinoma of same size, situated in the right breast of a woman; suppurated after seven injections; and in the course of a month the residuary nodule was scarcely as large as a marrowfat pea. (3) A primary carcinoma of the size of a turkey's egg, situated back of the ear of a young man, was treated in the same way to one injection every twelve hours; after twenty-one injections suppuration took place; ultimately an entire disappearance of the tumor. (4) Subcutaneous nævus, angle left eye; child; size of filbert; suppuration avoided only by occasional injections; after four months, reduction complete save the clot. (5) Interstitial fibroid of uterus; needle introduced through the vagina; anæsthetic employed; after several injections all accompanying symptoms removed, and the cure was considered complete.

A SELECTED ARTICLE.

THE PROPHYLAXIS OF DIPHTHERIA.

BY LLEWELLYN ELIOT, M.D.

IN view of the recent deaths of Drs. Newton and E. L. Andrews, and cases of diphtheria among physicians, mentioned in The Medical Record and The Journal of the American Medical Association, I do not feel that any apology is needed for presenting a means of lessening the contagiousness of this disease. It is not claimed that the means advocated will prevent the spread of diphtheria absolutely and entirely, nor that the same successful results which I have had will follow in the hands of others, but it is urged that the method is worthy of trial and will not conflict with any course of treatment adopted. I do not believe in covering the nose and mouth with a handkerchief, nor the strapping on of a respirator charged with disinfectants, as I think these things are as entirely out of place as was the conduct of some of the volunteer nurses to the yellow-fever districts, in carrying a large sponge saturated with carbolic acid solution before the mouth, before reaching the infected localities. The practice of medicine is surrounded by dangers: erysipelas, diphtheria, syphilis, variola, pyæmia, scarlatina, and so on through the entire category of contagious diseases, and any one engaged in medicine who is afraid of any disease should refuse to attempt its treatment. For heaven's sake let him find some other employment, and not go among his patients—trembling in his boots—inhaling the vapors of noxious drugs. Patients expect physicians to be above the petty fears of the laity.

When called to a case of diphtheria, or one which has a suspicious appearance, in addition to ordering calomel, iron, chlorate of potash, and insufflations of washed sulphur, I direct a dish of oil of turpentine to be placed upon the stove over a water-bath, and the vapor allowed to saturate the air of the sick-room; of course, if any of the disagreeable effects of the vapor should follow, use it more sparingly; there is but little danger of its catching fire if attention is paid to it. This has been my practice for some time, and in every case where I have employed it no other case has developed. To illustrate the apparent immunity which it affords, let me cite two experiences out of many:—

On January 31, 1886, I circumcised a child two years of age. On the fifth day, following, diphtheritic inflammation attacked the penis; the throat soon became involved. The usual remedies which I have mentioned were ordered in addition to the vapor of turpentine; this vaporization was carried out so faithfully that the air of the entire house was saturated. Being the only child, the parents and the grandparents were constantly in the room; the mother, against my protestation, as she frequently suffered from ulcerative pharyngitis. This case recovered and was the only one developed in the house. Early in 1886 I was called to perform

tracheotomy upon two children living a few miles out of the city. These were the most horrible cases of diphtheria I have ever seen. The physician in attendance had treated them most faithfully, even spraying the throat and nares with a solution of bromo-chloralum every half hour. Substituting insufflations of sulphur for the bromo-chloralum and ordering the vapor of turpentine, I left to return at 10.45 the same evening. At the second visit, as the cases were no worse, it was decided to postpone surgical interference. Morning showed much improvement. The surroundings of these children were discouraging in the extreme. Living in four rooms the two families had free access to their sick, while, in addition, one mother had with her a nursing baby of two months. Both of these cases recovered after a long convalescence, but no other case developed.

These, to my mind, show the very good results following the use of turpentine as I have directed, and any physician or surgeon could attend and operate upon any case did he surround himself and his patient with its vapor. Let us have no shields, respirators, handkerchiefs, or such like, but an air saturated with turpentine. This will apply most forcibly to those cases requiring tracheotomy or intubation.—*Medical Register.*

THERAPEUTIC NOTES.

A NEW REMEDY FOR BURNS.

Many remedies have at one time or another been proposed for the surgical condition following the application of excessive heat to the body, and, while some of these are of value, still all are more or less unsatisfactory. The alleviation of the pain and suffering attendant upon burns, is one of the the most important points in the case, toward which the surgeon directs his efforts. The shock from this cause alone, is sufficient oftentimes to produce death, and always is great. Accidentally, I recently discovered a remedy, which is easily applied and exceedingly prompt in its action. I was called in some haste to a little child about three weeks ago, who was badly burned about the hands and face from falling on a hot stove. The burns were deep, the pain excessive, and the shock very considerable. I hastily sent to the drug-store for a mixture of lime-water, olive oil, and carbolic acid. While waiting for this, I prepared to give the child a hypodermic injection of morphine, with which to allay the agony, which was so great that convulsions seemed imminent. While I was getting ready to do this, I espied upon the shelf a bottle of Pinus Canadensis (colorless), which I had some time before ordered to be diluted as a vaginal wash for the mother. Remembering its wonderful soothing influence in acute inflammations of the vagina, I at once concluded to try it. Taking a corner of a soft handkerchief, I rapidly painted the injured parts, when, like magic, the pain ceased. You can well imagine my surprise and delight at the result. I directed a camels'-hair brush to be purchased, and had the mother make free applications, and the case had no other treatment, save a little iodoform ointment later on. Since this, I have tried it in several cases, both slight and severe, and with the same delightful results. The preparation used was made by the Rio Chemical Co., of St. Louis, Missouri.—W. C. WILE, M.D., *Medical Register.*

CHRONIC GONORRHŒA.

℞. Ext. belladonnæ . . . . fmxij.
Ext. hamamelis . . . . fʒj.
Aqua . . . . . ʒij.
M. Sig.—Use as an injection every third day.

RICKETS.

℞. Tinct. belladonnæ . . . miv.
Quinia sulphatis . . . . mvj.
Syr. calcis . . . . . ʒiij.
M. Sig.—Teaspoonful four times a day.

SCROFULA.

℞. Ext. stillingia . . . . fʒij.
Ext. phytolacca . . . . fʒij.
Syr. sarsaparillæ comp. . . . ʒij.
M. Sig.—Teaspoonful after meals and at bedtime.

PRAIRIE ITCH.

℞. Lac sulphuris . . . . . ʒss.
Adipis . . . . . ʒij.
M. Ft. ungt.
Sig.—Apply three times a day.

DROPSY.

℞. Tinct. digitalis . . . . ʒij.
Vini colchici rad. . . . . ʒss.
Potassii acetatis . . . . ʒj.
Aqua . . . . . ʒj.
M. Sig.—Dessertspoonful, well diluted, four times daily.

IRRITABLE BLADDER.

℞. Tinct. gelsemii . . . ℥ss.
Sodii bromidi . . . ℥iij.
Ext. triticum repens . . ʒiss.
M. Sig.—Teaspoonful in water every four hours.

WORMS

℞. Strychnia sulphatis . . gr. ¼.
Ext. spigelia . . . fʒss.
Syr. yerba santa . . . ℥j.
Syr. simp. . . . . ʒiss.
M. Sig.—Teaspoonful before meals.

URTICARIA.

℞. Hydrarg. chlor. mite . . gr. v.
Resinæ jalapæ . . . gr. iij.
Sacchara alba . . . gr. vi.
M. Ft. charta No. iii.
Sig.—One powder every hour.

HYSTERIA.

℞. Potassii bromidi . . . ʒss.
Ext. scutellaria . . . fʒj.
Ext. cypripedium . . . ʒss.
M. Sig.—Teaspoonful every two hours in water.

NEURALGIA.

℞. Tinct. cannabis indica . . ℥iiss.
Tinct. opii deod. . . . ℥iss.
Spts. ætheris comp. . . ʒss.
M. Sig.—Twenty drops every half hour.

DIPHTHERIA.

℞. Hydrarg. bichlor. . . . gr. j.
Sodii chloridi . . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—Teaspoonful every three hours.

CROUP.

℞. Ext. eupatorii . . . . ℥j.
Syr. ipecac . . . . ʒj.
M. Sig.—Teaspoonful every half hour until vomiting occurs.

CARDIAC DYSPNŒA.

℞. Potassii iodidi . . . . ℥j.
Tinct. lobelia . . . . ʒss.
Syr. sanguinaria . . . . ʒj.
M. Sig.—Teaspoonful every hour.

MENORRHAGIA.

℞. Ext. cimicifugæ . . . fʒss.
Ext. hamamelis . . . fʒiss.
Ext. ergotæ . . . . fʒj.
M. Sig.—Teaspoonful four times a day.

PLEURISY.

℞. Tinct. aconiti rad. . . ♏xxiv.
Morphia sulphatis . . gr. j.
Liq. potassii citratis . . ʒij.
M. Sig.—Teaspoonful every three hours.

INCIPIENT PHTHISIS.

℞. Tinct. sanguinaria . . . ℥j.
Tinct. nucis vomicæ . . ℥iss.
Ext. hamamelis . . . fʒj.
Ext. geranii . . . . fʒiij.
M. Sig.—Teaspoonful in water before meals.

TORPID LIVER.

℞. Ext. nucis vomicæ . . gr. ij.
Ext. podophylli . . . gr. xij.
Ext. aloes . . . . gr. vj.
M. Ft. pilulæ No. xxiv.
Sig.—One pill after meals.

INSOMNIA.

℞. Morphia sulphatis . . gr. j.
Sodii bromidi . . . ℥iij.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful after supper and at bedtime.

NERVOUS OR HEAT FEVER.

℞. Tinct. aconiti rad. . . . ℥ss.
Chloral hydrat. . . . ℥j.
Syr. simp. . . . . ʒij.
M. Sig.—From ten drops to a teaspoonful every two hours, according to age.

BRONCHITIS.

℞. Morphia sulphatis . . gr. iss.
Antimonii et potassii tart. . gr. j.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful every three hours.

PRURITUS ANI.

℞. Hydrarg. bichlor. . . gr. iv.
Ammonii chloridi . . ℥ss.
Tinct. calendulæ . . ʒij.
M. Sig.—Apply two or three times daily.

CHRONIC MALARIA.

℞. Tinct. ignatiæ . . . . ℥ij.
Tinct. aloes . . . . ℥j.
Tinct. cornus Florida . . ʒiij.
M. Sig.—Teaspoonful in water four times a day.

INFANTILE DIARRHŒA.

℞. Tinct. opii deod. . . . ♏xvj.
Tinct. belladonnæ . . ♏iv.
Tinct kino . . . . ℥ij.
Syr. rubri . . . . ʒij.
M. Sig.—Half teaspoonful every two hours.

COLIC.

℞. Morphia sulph. . . . gr. iss.
Tinct. capsicii . . . ℥j.
Spts. ammonii aromat. . ℥ss.
Syr. simp. . . . . ℥j.
M. Sig.—Teaspoonful every forty minutes until relieved.

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Philadelphia, June, 1887.

COFFEE AS AN ANTITOXIC AND ANTISEPTIC NERVE TONIC.

DR. C. H. HUGHES directs attention in a recent number of the Medical Standard to the value of coffee as an antitoxic and antiseptic nerve tonic. As far back as 1855, in the beginning of his career as a medical student, he was impressed with the value of its fumes as a disinfectant, through seeing it thus employed by his preceptor in smallpox cases. A few years later its valuable properties were tested in other exanthemata in his own practice.

During the war he observed that coffee-drinkers appeared to be freer from the infectious diseases which attacked the troops than milk- and water-drinkers, or water-drinkers only, and that when attacked they seemed to do better. This fact led him to recommend coffee-drinking by the patients of the several military hospitals and barracks under his surgical management. Coffee seemed to be something more than a heart-stimulant and tonic. Subsequent experience confirmed earlier favorable opinions. Chills were often broken up by strong, black coffee, sinapisms to the spine, mustard, capsicum, and horseradish drafts, and by laudanum and capsicum and coffee.

On one occasion a large number of cases of measles (and measles went hard with soldiers in the field) was left by a moving command to his care, and though many had died, and some died after he received them, the new cases which got all the strong, hot coffee or tea they could be induced to take recovered. One regiment had left several incipient smallpox cases, with its rubeola cases, but these all recovered.

The fact is, coffee and tea and their active principles, caffeine and theine, are better antitoxic and antiseptic nerve tonics than is usually realized. Of this there is abundant clinical evidence, and the permanent stimulant power of coffee is a fact of such universal observation, that having been generally accepted, it is no longer analytically studied as it should be, although some experiments have recently been made by Dr. Langgard on the treatment of coniine and curara poisoning by caffeine. Dr. Langgard found that rabbits poisoned by curara were rapidly restored from an apparently dying condition by the use of caffeine. Dr. Jewell, commenting on these experiments, pertinently says, that prostrated conditions of the nervous system, unless the result of hemorrhage, are more surely met by caffeine than by any other quick stimulant ever employed. Coffee or its active principles is not only a heart tonic, but it is a tonic of peculiar power over the vital nerve centres, as has long been demonstrated in its well-known power of resisting and warding off opium narcosis and the somnolency and exhaustion of physical and mental overtax, and its value in the treatment of chronic alcoholism.

It sustains and heightens the natural organic resistance under disease — supports the *vis natura* in its combat with morbific agents.

The medulla and ganglionic centres are the nerve centres which sustain the organic movements, and when disease or fatigue causes innervation in these centres to flag, coffee is the remedy *par excellence* to restore and maintain their normal standard.

THE TREATMENT OF BOILS.

BOILS can frequently be aborted by appropriate treatment, if seen before suppuration has ensued. In a few cases, the application of pressure by means of collodion or court plaster will alone be sufficient to dispel the congestion and dissipate the swelling. In other cases almost immediate relief can be obtained by first lightly puncturing the parts with a fine, needle-pointed knife, and then applying pressure. Occasionally painting the surface with iodine, or a strong solution of nitrate of silver, or the application of a small fly-blister, will arrest the morbid process at once.

In the majority of cases, however, it will be found expedient to resort, in addition, to the

administration of laxatives and alteratives. The bowels should be thoroughly evacuated by a cholagogue cathartic, and full doses of quinine, chlorate of potash, chloride of iron, or sulphide of calcium given three or four times daily, until resolution occurs.

If the case is, however, not seen until pus has been formed, and the lesions are soft and fluctuating, or tense and throbbing, a free incision should be made at once in the most dependent portion of the swelling, and the contents permitted to escape. The surface should then be cleansed with tepid water, and a soft cloth placed over the opening to receive the discharge. A light bandage should then be applied to retain the cloth in position, and bring the opposing surfaces in contact. As the discharge will continue for a few days, the dressing should be removed once or twice daily, and gentle pressure applied around the edges of the lesion, to insure the expulsion of all necrosed tissue and purulent material that may be present; but poultices and irritating applications may be discarded as useless, if not injurious.

The internal treatment will vary with the condition of the patient. If there is high fever, and marked arterial and nervous excitation, aconite, cimicifuga, and opium should be given in sufficient does to moderate the circulation, allay nervousness, and induce sleep.

If there is no febrile excitement, calcium sulphide, in half-grain doses, three or four times a day, will markedly lessen the suppuration and hasten the reparative process. Potassium chlorate in ten to fifteen-grain doses, after meals, is also of decided value. In cases accompanied by profound anæmia, iron is indispensable. The tincture of the chloride is the best form in which it can be administered. The dose should not be less than ten minims, and may be increased to thirty or forty if deemed advisable. Occasionally, better results can be obtained by giving fifteen minims of the tincture of the chloride of iron before meals, and ten grains of chlorate of potassium after meals, than from the administration of either remedy alone. In cases in which malaria is present, quinine in large doses is more effective than any other remedy.

THE AMERICAN SURGICAL ASSOCIATION.

THIS Association has sadly degenerated since the death of its honored founder, Samuel D. Gross. It was organized a few years ago under the most favorable auspices, and gave every promise of a brilliant and useful future. Selfish and unscrupulous men, however, crept into its councils, and succeeded too well in using it in the interests of a clique. There are a few conscientious men in the Association, but they are unable to thwart the designs of the others. At the last meeting of the Association, held in Washington, on May 11th, the President recommended the abrogation of the article in the constitution relating to ethics. "This," he said, "will allow us to admit to fellowship some men in this country who are really needed in this Association. While I believe in the rigid observance of the Code of Ethics of the American Medical Association, and the absolute necessity of its enforcement in that body, there is no need for it in our Association. The only code that we should have is scientific work."

This remarkable suggestion was referred to a committee composed of S. W. Gross, D. W. Yandell, C. H. Mastin, and Christopher Johnston, who are known to the readers of THE MEDICAL BULLETIN principally for the unpatriotic part they have taken in endeavoring to prevent the success of the Ninth International Medical Congress. After two days deliberation they reported that they were in hearty accord with the President, but as the article referred to had been placed there by the express desire of the founder of the Association, they recommended that it be allowed to remain. It is only a matter of form, which can and will be easily evaded. The eminent virtuosi of the Association will soon find a way "that will allow us to admit to fellowship" the homœopaths, electropaths, rectopaths, and dextropaths, whose consultation fees are really needed by the Association.

WE are pleased to inform our patrons that we are making large additions to our subscription list. This is gratifying to both publisher and advertiser alike.

MEDICAL NEWS AND MISCELLANY.

DR. SWITHIN CHANDLER, of Faulkland, Del., and Dr. Jos. H. Chandler, of Centreville, Del., were elected President and Treasurer, respectively, of the Association of the Descendants of George and Jane Chandler, which was formed last week at a dinner given by Prof. S. Chandler Shortlidge at Media, Pa., to representatives of the various branches of the family.—*Med. Reg.*

AMERICAN PUBLIC HEALTH ASSOCIATION.—The next annual meeting of this important organization will be held in Memphis, Tenn., November 8, 9, 10, 11, 1887. The Executive Committee have selected the following topics for special consideration at the meeting: *a.* The Pollution of Water Supplies; *b.* The Disposal of Refuse Matter of Cities; *c.* The Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements; *d.* Animal Diseases Dangerous to Man. All papers should be sent to the Secretary at least twenty days before the date of the annual meeting. George M. Sternberg, U. S. A., Baltimore, is President, and Irving A. Watson, Concord, N. H., Secretary.

CONSERVATISM IN GYNÆCOLOGY.—The recent publication of Winckel's work on the Diseases of Women is quite suggestive of the conservative element which pervades all departments of medicine in Germany at the present time. Surgical methods have for a long time prevailed, and the present state of affairs is the result of a reaction which needs must occur. It requires no critical examination of the practice of the gynæcologists of our own country to become convinced there is urgent necessity for some method of treatment which does not utterly ignore the general condition of the subject, and the power of nature to modify diseased conditions. One of our humorists came very near stating a great truth when he said, "If I were going to practice medicine, I would treat the patient and let the disease take care of itself!" Yet, to-day, we are treating the disease and letting the patient shift for herself. A large proportion of the pelvic diseases which we are called upon to treat are the outcome of impaired nutrition of some sort, as well as other conditions which general constitutional treatment, combined with simple local measures, would most likely remove, and we certainly do wrong when we view such cases from a purely surgical standpoint. It seems as though surgeons who have employed radical measures for the relief of chronic inflammatory conditions of the uterus or adnexa must have ere this become aware of their doubtful utility. As regards the use of pessaries we may safely say that they are now considered applicable to only a certain class of cases, and their use is becoming daily more limited.

As we become more familiar with the etiology and pathology of pelvic disorders we shall treat them much as we treat other diseases, and operative measures will be limited more strictly to the purely surgical affections.—*Med. Reg. Ed.*

VENESECTION IN PUERPERAL ECLAMPSIA.—Of the twenty-five cases which have come under my observation during the past thirty-five years, in all there existed more or less arterial tension and increased blood pressure, which constituted a factor of importance in the progress and termination of the disease. With a view of averting the evil consequences of this influence on the circulation of the brain, I am convinced that venesection is a remedy which cannot be dispensed with in the treatment of eclampsia. I can say with truth that all my cases in which it was resorted to early, freely, and judiciously, have recovered with a single exception. In this case, after moderate depletion, anæsthetics were used too freely, to the exclusion of other remedies. One of the earliest and most manifest effects of venesection is that of unloading the engorged venous system, the lungs, the right cavities of the heart, and the cerebral circulation. If the combined influence of inordinate action of the heart and excessive engorgement of the venous sinuses of the brain, be permitted to continue, the delicate structures of that organ must suffer irreparable injury from pressure, and profound coma result. In these cases of profound coma with stertorous breathing, frequent and bounding pulse, increased temperature, when the scene is varied by repeated paroxysms of spasms, let us not be misled in our treatment by any false theories in the pursuit of a vacillating policy. There is absolute safety in the lancet judiciously and timely applied under these circumstances. The state of pregnancy, above all other conditions, is the most tolerant of depletion. The enormous quantity of blood often lost during labor without serious results sustains this opinion. The measure must not only be resorted to early to avert impending danger to the cerebral structures, but copiously, to break down permanently arterial pressure. From sixteen to twenty-four ounces will probably suffice to cause a decided amelioration of the symptoms. As a usual result, the action of the heart will be slowed, the pulse will become soft. The impulse of the organ will be diminished, temperature will decline, coma will be partially relieved, consciousness will return temporarily, and cyanosis will diminish. But depletion cannot accomplish everything. There may be a return of trouble. But when these desirable objects have been obtained even temporarily, we have a favorable basis for the application of our eliminative, anæsthetic, and sedative remedies.—BEDFORD BROWN, M.D., *Journal of American Medical Association.*

Is it the Result of the Adoption of the New Code?—To one who was at all conversant with the medical profession of the city of New York, ten years ago, it would prove very perplexing to explain the state of affairs at present existing in that city. He will naturally wonder at the alteration in its *morale*, and inquire what has brought about so decided a change. It seems to us that the answer to the query is not far away. We would prefer to remain quiet upon this subject, and not do anything which might seem like waving the bloody shirt (so to speak), but the time has come when we must do our duty fearlessly, or remain untrue to the best interests of a noble profession.

When the New York County Medical Society, led on by a few men who were chiefly medical politicians, went into the State Medical Society, and without so much as saying by your leave or courtesy, of the national organization to whom it owed allegiance, abrogated by hook or crook the Code of Ethics, and passed the New Code; there commenced a new reign over the morals and amenities of the profession of that city. The most extreme liberal ideas prevailed; a struggle commenced at once for homœopathic and irregular consultations, though, through the whole of the New Code agitation, prior to its adoption, its advocates strenuously pointed out (when this was suggested as a possible cause for its adoption), that the movement had no commercial interest involved whatever. Bitter animosities were engendered, and faction fights have become the order of the day. Separated from the healthful influence and restraint which was exercised by the Old Code, flagrant violations of all of those rules which had been held sacred so long were of constant occurrence, and the grievous breaches of professional etiquette, together with the most persistent and unblushing advertising in the daily papers of important (?) operations performed, and consultations with irregulars, announced. Even so lost are some of these gentlemen of the New Code to the sense of decorous professional conduct, and the proprieties of an honorable profession, that (it is charged by the Weekly Review) they even send through the Associated Press elaborate accounts of the prominent (?) operations performed, which are published in St. Louis and other large places in the West. These accounts are couched in the technical phraseology of the professional writer, with the name of the operator and address in full. We congratulate our esteemed contemporary, The Weekly Review, on the stand it takes in the matter. We hope it will probe its source of information to the bottom, hunt and expose the guilty ones to the gaze and ignominy of their professional brethren, and we can assure it that the Register will give it the most unqualified and hearty support. The mass of the profession will repudiate such conduct on the part of its members as derogatory to its dignity and degrading to its standing.

The bid for homœopathic consultation is so eager that almost every day we see in the lay press that Dr. New Code has met in consultation, around the bedside of Mrs. John Money Bags, Dr. High Dilutionist, and the doctors agreed that the patient would die or live, as the case might be. In the interests of science we would like to inquire what sort of a consultation there could be between Dr. A. L. Loomis, a Professor of the Practice of Medicine of the Medical Department of the University of New York, and Dr. William Tod Helmuth, a Professor of Surgery in a homœopathic medical college. It would be a most interesting as well as entertaining spectacle to hear them discuss the therapeutics of the case. If Dr. Helmuth is a homœopathist, what can he learn from Professor Loomis, who teaches medicine in a regular medical college? It seems to be a sad commentary on the effect of the New Code, when the President of the New York Academy of Medicine found himself compelled, several times during the past year, to denounce from the rostrum of that institution the disgraceful advertising going on in the daily papers.

The New York medical press is in a great measure responsible for this condition of things; for if, at the commencement of this agitation, they had put the stamp of their condemnation, and thrown the weight of their great influence upon the side of the Code of Ethics, all of this disgraceful state of affairs would have been averted. It is not too late now to call a halt, and we hope that they will wake from their apathy, and do something to promote the ethical honor and integrity of the profession.—*Med. Reg. Ed.*

A Note on Tannic Acid as a Surgical Dressing.—Tannic acid forms an excellent dressing in three classes of wounds, viz:—

1. Incised wounds—applied after the sutures are inserted, or adhesive plaster is on—if the wound does not require stitching.

2. Small wounds of irregular form and recent occurrence.

3. Wounds of moderate size in compound fractures. Wherever applicable it excels all other dressings in the following respects:—

1. Convenience.
2. Cheapness.
3. Cleanliness.
4. Efficiency.

It is always ready. It costs but a trifle. It requires no greasy mixing, measuring, or muddling and has neither smut nor smell. While of its efficiency I can only say after sixteen years use that I am satisfied: I ask nothing better. I

first called attention to this neat, choice dressing in an article entitled "Fifty Fractures in Mining Surgery," which appeared in the Medical and Surgical Reporter for September, 1878.

The method of application is simply to keep the wound covered with the powder. Wounds thus treated heal on the average in about one-third of the time required for similar ones treated by liquid, oily or salve dressings. In converting compound fractures into simple fractures by this method, the flesh wound is often healed in one-twelfth of the time required to heal it by wet dressings or salves that are frequently removed and reapplied. Illustrations are unnecessary, if I have clearly defined the classes of wounds in which this dressing is applicable. Although hundreds of cases thus treated could be adduced that would prove interesting reading I will describe the last case only in which this dressing was employed.

F. J. aged sixteen, German, on January 26, 1887, was struck by a falling tree. Next day he was brought to my office. There was a semi-circular scalp wound six inches in length over left parietal bone, and a fragment of this bone almost the size of a silver quarter dollar, stuck up trap-door fashion. The flaps had shrunk wide apart and were swollen and angry, as the injury had occurred twenty-hours previously. The whole wound looked bad, being full of hair, dirt, serous effusion, chips, leaves, and brush-wood. The patient was very feeble, but conscious. A dose of whiskey and hot water was administered, and the wound douched for one hour with warm carbolized water. When the bony fragment had been gently depressed almost to normal position (I could not succeed in reducing it to the normal level), the scalp wound was sutured with horse-hair. Tannic acid was then applied, and directions given that it be dusted on freely every few hours, more especially if moisture should appear over any part of the wound. A laxative was administered, also small doses of aconite and bromide of potassium.

The flesh wound healed by first intention. No fever ensued; the pulse never exceeded 92. The patient went home on the 31st—the fourth day of treatment—and two weeks later his father reported that he was "all right."—T. J. HUTTON, M.D., *Journal of American Medical Association.*

LACERATIONS OF THE PERINEUM — THEIR CAUSE AND PREVENTION—INCIDENTALLY HOW TO RESUSCITATE ASPHYXIATED CHILDREN.—A few years ago obstetricians were practically unanimous in the opinion that by supporting the perineum during the passage of the head through the introitus vaginæ, lacerations of the perineum could be prevented. At present, the sentiment appears to be divided—some contending for, and others against the plan.

While I do not mean to deny that the pressure of the child's head does occasionally lead to perineal rupture (and this happens, whether or not the tissues are supported by the hand or otherwise), I have for years been satisfied, by careful observations, that comparatively few ruptures are due to this cause.

In the summer of 1876, two cases occurred in my practice, which, from their peculiarity, directed my attention to this subject; and further observations led to the conclusion that the head is seldom a factor in causing rupture of the perineum. As both cases presented practically the same features, a short description of one will answer my purpose:—

Mrs. M. B., white, æt, 23, primipara, was successfully delivered of a very large, healthy child. The perineum was carefully guarded, and showed no trace of laceration. The uterus contracted perfectly, and in about an hour I left her in a comfortable condition. Two hours later I was hastily summoned, and found her almost moribund from hemorrhage. As the uterus was firmly contracted, I apprehended a rupture of the os. Digital examination showed the os intact. The vagina was filled with clotted blood, and in expelling this, my finger came upon an extensive rupture in the vagino-rectal septum. Separating the vulva, I was enabled to discover a laceration extending from a point a little above the perineal margin, nearly two inches upwards in the posterior wall of the vagina. The hemorrhage came from numerous small vessels, which it was impossible to ligate. Drawing the edges of the wound together with a few sutures of fine silk effectually controlled the bleeding.

In reflecting over these two cases, I remembered that after the head was born, the child showed symptoms of asphyxia; and in order to hasten delivery, I had pulled the child's head backwards so as to disengage its anterior shoulder from its position behind the pubic arch. The sharp point of the opposite acromion process had thus been permitted to plough along the posterior vaginal tissues. The perineum was saved from rupture, because the posterior shoulder was still high up in the vagina when the anterior shoulder was disengaged and delivered. After the anterior shoulder had passed from under the arch of the pubes, the pressure posteriorly was of course lessened.

Observations in subsequent cases convinced me that the sharp point of the shoulder is responsible for rupture of the perineum in a majority of instances. Too often it happens that the physician relaxes his care after the delivery of the head; or worse still, he pulls upon the head to hasten the delivery of the shoulders. In such an event, the full force of the point of the shoulder is exerted upon the tense tissues of the perineum, and a rupture results.

If time is taken to watch the natural course of parturition, it will be observed that after the head is extruded, the perineum retracts, and the anterior shoulder is pushed upwards behind the pubic symphisis, while the neck of the child rests in the pubic arch. The expulsive pains then carry the posterior shoulder over the perineum without a strain to its tissues; and only after this is effected, and the yielding body of the child rests upon the perineum, does the anterior shoulder make its appearance.

The fear of asphyxia of the child is a groundless one, if this natural process is allowed to go on without interference. Even in those rare cases in which the cord is wrapped several times around the neck of the child, and can neither be brought over the head, nor slipped past the shoulders—when our only resort is to cut the cord—there is seldom danger of serious hemorrhage. Cutting the cord stimulates the respiratory function of the child, and after respiration is established, contraction of the umbilical vessels speedily supervenes.

An infallible method of resuscitating an asphyxiated infant is to cut the cord and allow bleeding to occur. As if by magic, the cyanosis disappears, and the crying of the child announces restored respiration and circulation. What is the effect of such bleeding upon the so-called physiological loss (in weight) in new-born infants, I confess I have never taken the trouble to investigate. Formerly I resorted to this plan only after the methods ordinarily advised had failed, or imperfectly relieved the asphyxia. Now I use it at once, as it is by far the quickest and best method, and never have I seen anything but the best results follow.

The tendency in midwifery is ever to meddle. Measures to relieve the sufferings of parturition can always be unhesitatingly adopted. On the contrary, the means too generally resorted to for curtailing a natural physiological process are usually ill-advised, and too often are followed by disastrous consequences. Obstetrical writers are strangely reticent as regards the delivery of the body of the child; and yet I am sure that all who will study the subject without prejudice, at the bedside of their patients, will agree with me that it deserves attention, if for no other purpose than to avoid untimely interference.

Simple and successful as is usually the stitching together of a ruptured perineum, it is certainly far better to avoid the accident which makes it necessary. A ruptured perineum has not occurred in my practice in nearly ten years; and since I ascribe this fact to the precautions I have taken, I may be pardoned for detailing them.

The woman being upon her back, I insist upon the avoidance of sudden or severe straining as the head passes over the perineum. If she is not amenable to reason, I encourage her to inhale chloroform freely. After the head is delivered, I support it with one hand, and bring it well forward, so as to emphasize the normal position of the neck in the arch of the pubes. The next pain usually causes the posterior shoulder to protrude through the vulva. Passing my forefinger behind the shoulder, I carry the arm of the child over the front of its chest and out of the maternal parts. It is then safe to lower the head and body of the child, and allow the anterior shoulder to pass out under the arch of the pubes. Again elevating the body of the child, the posterior hip is made to pass out first, and the anterior hip and lower extremities immediately follow. The process is continuous, and occupies less time than is required to describe it. Every step is in strict conformity with the normal unassisted process of parturition; and, while expediting delivery, it will be observed that both the child and the maternal parts are effectually guarded against injury.—H. T. BAHNSON, M.D., *Virginia Med. Monthly.*

INTERNATIONAL MEDICAL CONGRESS.—*Section in Psychological Medicine and Nervous Diseases:* President Judson B. Andrews, M.D., Buffalo, N. Y. The following titles of papers have been presented for this Section: "The True Nature and Definition of Insanity;" "Lunacy in Scotland;" "Nervous Degeneration and Syphilis" (selected as a subject for discussion); "Locomotor Ataxia and Syphilis;" "Original Investigations in Cerebral Syphilis, with Microscopic Preparations, etc.;" "Relation of Syphilis to General Paralysis;" "State Policy in Relation to the Construction of Buildings for the Insane;" "Hospital Arrangements and Classification as Relates to the Care and Comfort of Patients;" "Modern Hospital and Asylum Structures for the Insane;" "The Borderland and Early Symptoms of Insanity;" "The Religious Delusions of the Insane;" "Mental Manifestations of Insanity caused by Sunstroke;" "The Remissions, Intermissions, and Manifestations of Insanity in an Individual;" "General Paresis, its Varieties and Differential Diagnosis;" "Legal Relations of Epilepsy;" "Sleep;" "Miliary Aneurismal Disease of the Spinal Cord and Brain Axis;" "Deformity of the Brain in its Relation to Congenital and Inherited Mental Disease;" "Cases Illustrating the Prow-shaped Cranium with Neurotic Disease;" "Remarks on the Etiology and Pathology of Thomsen's Disease;" "Tendon Reflex in Hemiplegia;" "Hyperæsthesia;" "Castration as a Remedy in Nervous Affections;" "Occupation in the Treatment of Insanity;" "The Treatment of Neuralgia from the point of View of the General Practitioner;" "The Disease of Inebriety and its Treatment;" "The Physiological and Therapeutical Effects of Currents of High Tension (Franklinization);" "The Private

Treatment of the Insane, as Single Patients in England;" "Mental Diseases Produced by Changes in the Vessels at the Base of the Brain;" "An International Classification of Insanity;" "Monomania;" "Cocaine Inebriety;" "General Paralysis in Dogs." Several titles are yet to be received.

Among the foreign physicians who contribute to the foregoing list of titles of papers to be read, or who intend to be present and participate in the scientific work of the Section, are Sir James Creighton Brown, Drs. Rudolf Arndt, Buiswanger, George Fielding Blandford, Bouchereau, Francis Pritchard Davis, Maurey Deas, J. Langdon Down, Edward East, A. Eulenberg, E. T. Girtstrom, V. Hinze, Megalhaes Lemos, H. Rooke Ley, E. Mendel, William Julius Mickle, Arthur Mitchell, O. Muller, M. Rosenthal, George H. Savage, Seymour J. Sharkey, J Beverly Spence, Valdemar Sternberg, D. Hack Tuke, John Batty Tuke.

Communications relating to papers, discussions, etc., should be addressed to the secretary of the Section, Dr. E. D. Ferguson, Troy, N. Y.

Section of Laryngology. — President, W. H. Daly, M.D., 71 Sixth Ave., Pittsburgh, Pa., U.S.A.

Secretaries, William Porter, M.D., 3137 Lucas Street, St. Louis, Mo., U.S.A.; D. N. Rankin, A.M., M.D., 85 Lincoln Ave., Allegheny, Pa., U.S.A.; Dr Ottakar Chiari, 14 Elizabeth Strasse, Vienna, Austria; Dr. E. G. Moure, 2 Cours de Tournon, Bordeaux, France.

The following gentlemen have signified their intention of presenting papers:—

Dr. B. Baginsky, Berlin, Germany; Dr. S. N. Benham, Pittsburgh, Pa.; Dr. A. Cartaz, Paris, France; Dr. W. E. Casselberry, Chicago, Ill.; Dr. W. Cheatham, Louisville, Ky.; Dr. A. J. Coey, Chicago, Ill.; Dr. W. W. Cole, Allegheny, Pa.; Dr. M. F. Coomes, Louisville, Ky.; Dr. Ephraim Cutter, New York, N. Y.; Dr. H. H. Curtis, New York, N. Y.; Dr. W. H. Daly, Pittsburgh, Pa.; Dr. T. D. Davis, Pittsburgh, Pa.; Dr. C. M. Desvernine, Havana, Cuba; Dr. Richard Ellis, Newcastle-on-Tyne, England; Dr. Richardson Gray, Orange, N. J.; Prof. Joseph Gruber, Vienna, Austria; Prof. Hack, Frieberg in Baden, Germany; Dr. J. H. Hartman, Baltimore, Md.; Dr. Herman E. Hayd, Buffalo, N. Y.; Dr. D. A. Hengst, Pittsburg, Pa.; Dr. Theodore Hering, Warsaw, Poland; Dr. Camalt Jones, London, England; Dr. H. Jones, London, England; J. P. Klingensmith, Blairsville, Pa.; Dr. Paul Koch, Luxembourg, France; Dr. H. Krause, Berlin, Germany; Dr. George Mackern, Buenos Ayres, Argentine Republic; Dr. George W. Major, Montreal, Canada; Dr. F. A. Mandeville, Rochester, N. Y.; Dr. F. Moura, Paris, France; Dr. D. F. Massei, Naples, Italy; Dr. A. W. Orwin, London, England; Dr. M. C. O'Toole, San Francisco, Cal.; Dr. William Porter, St. Louis, Mo.; Dr. D. N. Rankin, Allegheny, Pa.; Dr. J. M. Ridge, Camden, N. J.; Dr. J. O. Roe, Rochester, N. Y.; Dr. John A. Robison, Chicago, Ill.; Dr. O. Rosenbach, Breslau, Germany; Dr. A. Schnee, Nice, France; Prof. John Schnitzler, Vienna, Austria; Dr. Schaumacher, Achen, Germany; Dr. Carl Seiler, Philadelphia, Pa.; Dr. J. G. Sinclair, Nashville, Tenn.; Dr. F. Semeleder, City of Mexico; Dr. Max Stern, Philadelphia, Pa.; Dr. J. A. Stucky, Lexington, Ky.; Dr. Richard Thomas, Baltimore, Md.; Dr. W. McNeil Whistler, London, England; Dr. Edward Woakes, London, England; Dr. Zeim, Danzig, Germany.

A New Pathology of Pregnancy.—In the March, and April numbers of the American Journal of Obstetrics may be found a most interesting article by Dr. A. F. A. King, of Washington, entitled "A New Explanation of the Renal Troubles, Eclampsia, and other Pathological Phenomena of Pregnancy and Labor.' The purpose of the paper is to present a new explanation (as the author thinks) of the etiological relation between pregnancy and the nephritic derangements that so often attend it; though the paper does not deal with renal difficulties alone, but other correlative pathological states also.

Passing over the preliminary discussion, though it is interesting, we come to the following brief statement of the theory: Disturbances in the renal circulation and renal functions are produced chiefly by pressure of the gravid uterus upon the abdominal aorta or its branches, or upon the vena cava or its branches, or upon both or all of these, in consequence of the child and womb not maintaining, during pregnancy, their normal lateral obliquity above the pelvic brim. This, says Dr. King, is the pith of the whole matter. Before going further, however, it is necessary to define what is meant by the normal attitude of the child in utero during pregnancy, before labor begins, and the normal position of the gravid uterus. In regard to the first, it must be understood that it does not refer to the attitude or presentation of the child during labor, but during pregnancy before labor begins. He defines this attitude as follows: The normal "presentation" and "position" of the fœtus in utero during pregnancy, before labor begins, is the dorso anterior position of an oblique presentation (commonly known as a transverse presentation). A head presentation (presentation of the head towards the centre of the canal of the pelvis and os uteri, with the long axis of the child parallel with the axis of the plane of the pelvic brim) is therefore abnormal.

The normal position of the gravid uterus is thus defined: The normal position of the gravid uterus, in *abdominie*, during the later months of

pregnancy, before labor begins, is the lateral oblique position, corresponding, more or less, with the oblique position of the child; the fundus uteri, maintaining the pelvic extremity of the fœtus, being usually directed towards the right side (exceptionally to the left) of the lumbar vertebræ. This definition, of course, applies to the position of the uterus as shown by abdominal palpation, the apparent position being partly due to the shape of the uterus as it conforms to the shape of its contents; vaginal examination will show that the os and cervix have little or no deviation from the median line, while the fundus is towards one side of the woman's spine.

Having stated that the renal troubles, etc., are produced in consequence of the child and womb not retaining (or maintaining) their normal lateral obliquity above the normal pelvic brim, Dr. King now draws a contrast between the abdominal and pelvic cavities. The womb and child having risen, after the fifth month, from the pelvic to the abdominal cavity, "in the latter they should remain until the advent of labor. The pelvic canal, in so far as it is concerned with reproduction after this period of gestation, is simply, or chiefly, the channel of exit, and no part of the child should again enter here until it is ready to to go out and be born." It should remain entirely within the abdominal cavity until the time of labor. This leads to a remark that may astonish many obstetricians, but which, though lacking in direct proof, is certainly in accord with reason: normal reproduction is the same in primiparæ as in multiparæ. That is to say, under normal conditions, there is no reason why in multiparæ the head of the child should rest during pregnancy upon one of the iliac fossæ, and in primiparæ should descend into the pelvic cavity three months before full term; if such be the case, why do obstetricians teach that descent into the pelvic cavity is (not the first, but) the second stage in the mechanism of labor? Can it be, asks Dr. King, that this second step in the mechanism of labor normally occurs in primiparæ three months before it is time for labor to begin? He therefore believes that the oblique presentation, with the lower end of the fœtus resting upon an iliac fossa, is normal for primiparæ as well as multiparæ.

If what Dr. King calls the "normal obliquity" of the womb and child be maintained during pregnancy, there will be no injurious compression on any blood-vessels, with the usual dorso-anterior position of the child. The long axis of the child, when thus obliquely placed, explains Dr. King, will occupy a treble complex diagonal position; oblique to the horizon, the breech being higher than the head; oblique laterally, the breech to the right, the head to the left; and oblique antero-posteriorly, the head more in front, the breech more behind. With this position there is space posteriorly for the projecting lumbar vertebræ and the large vessels placed upon them. So, also, the lower part of the gravid uterus, containing the fœtal head, resting upon the psoas and iliacus muscles in the iliac fossa, will, on account of the downward and forward inclination of this base, tend to glide forwards, away from the left side of the spine, away from the large vessels. In this position there is most economy of space. But with the womb and fœtus in a vertical position, that is with their long axis in line with the axis of the plane of the pelvic brim, there is no economy of space; they are crowded by their abdominal surroundings, the crowding being towards the lumbar vertebræ and the large blood-vessels.

We now come to the question, will pressure of the gravid womb upon the aorta, vena cava, and their branches produce renal trouble? and we may answer this affirmatively without discussion. To this we may add the effect of compression of the ureters upon the kidney, for admitting either one by no means excludes the other; in fact, it is more than likely that a body compressing one will compress the other at the same time. Now, when the head presents during pregnancy at the brim, and descends into it three months before full term, all neighboring canals, whether arteries, veins, ureters, or lymphatics, may receive disastrous pressure and interference with the transit of their contents. Aortic and vena-caval compression during pregnancy and labor are easily diagnosticated. As a point of exclusive diagnosis of the former, Dr. King gives feeling the pulsation of the femoral arteries below Poupart's ligament. In twenty-one pregnant women examined in this way the femoral pulses could be easily felt, and appeared to possess their normal tension, but in none of these women was there any abnormal tension of the radial pulse, nor any albuminuria or other indication of renal derangement.

Having proceeded thus far, Dr. King hopes to show that eclampsia during pregnancy and labor, the several kinds of cases and their alleged preceding pathological states, may be traced back to malposition of the child-presentation of one end of the fœtal ovoid instead of an oblique presentation. As to the cases with albuminuria, nephritis, and uræmia, we know that renal trouble is the prime cause; but as regards the cases explicable upon the "uterine-irritation" theory of Tyler Smith, we must account for this abnormal irritation of the uterine nerves. It certainly is not physiological; "and with our hitherto prevalent notions of what constitutes normal pregnancy, the occurrence of eclampsia from uterine irritation before labor begins is the more difficult. When, however, we have decided that conditions hitherto called normal are really abnormal, the

matter becomes more easy. I therefore beg to maintain that premature obliteration of the cervix uteri, premature distension of the cervical canal and lower uterine segment, with thinning of its muscular wall, and tearing of its decidua; and the premature descent of the lower end of fœtal ovoid below the pelvic brim;" all due to a want of the lateral obliquity of the fœtus during pregnancy, "are amply sufficient to account for the uterine irritation. Whether the convulsions be due to uræmic intoxication, to uterine irritation, to cerebral hyperæmia, or to reflex local irritation in other viscera, or to several of these coincidently, they may all be accounted for by pressure of the gravid womb and child, when the normal obliquity of the latter is wanting."

The causes of the disturbance of the normal lateral obliquity of the womb and child, and of their premature descent below the pelvic brim, especially in primiparæ, are, according to Dr. King, dress, corsets, coitus, and certain abnormal postures. It would certainly add materially to our knowledge of the influence of these factors could a study of pregnancy be made among those nations whose only clothing is the atmosphere.

We now come to a question which must be more correctly answered in the future than is now possible. Do convulsions, nephritis, etc., occur in cases of "transverse" presentation during labor, and in most of which cases the child was, it may be presumed, oblique, and wholly above the pelvic brim during pregnancy? In discussing the "obstetric treatment" of eclampsia authors refer almost exclusively to head presentations. In regard to "obstetric indications" in transverse presentations they are silent; and we may conclude, though not with certainty, that such cases are rarely or never met with. It is interesting to note that Schauta has found that in 315 cases of eclampsia (in 134,345 deliveries in the Vienna Hospital from 1834 to June, 1880), the head presented 304 times; face, 4; breech, 5; foot 1; and transverse, 1. In 306 of these cases 253 were primiparæ. From an analysis of Rambotham's 59 cases of eclampsia, it is fair to assume that there was not one of transverse presentation. Of the 14 cases in 7404 deliveries in Guy's Hospital Lying-in Charity, there were 13 head presentations, no transverse. In short, in a total of 300,018 labor cases collected by Dr. King, with 212 cases of eclampsia, there is only one distinctly isolated coincident occurrence of eclampsia and transverse presentation during labor; and in regard to this case there is no concise account.

As Dr. King very fairly adduces arguments against his theory, and discusses them impartially, yet without at all disproving it, we may now rest the case with the reader, but with the regret that we cannot go more fully into the subject. The theory, or explanation, is reasonable, and the paper is one of rare interest.—*Journal Am. Med. Association, Editorial.*

REMARKS ON "ANALGESICS."—Whenever pain is a sentinel and a beacon to warn us that something in the body is going wrong, it would be as absurd to abolish that pain as to put out the light of a lighthouse, or to obliterate the letters on a sign post; worse than absurd, it would be almost wicked. The faculty of the perception of pain, when needed as a safeguard against bodily peril, is to be cherished rather than destroyed. And it ought always to be distinguished from that disturbance of common sensibility which is purposeless, and therefore aggressive and disorganizing.

A curious paradox, then, we have to face at the very opening of our debate—pain may save and pain may kill. The former comes within our scope now only as it may be out of proportion to the object which it serves; the latter claims our eager and quick regard, importunes us with shocks and cries, and will not be put out of court by the bland and trimmed phrases, "You will be better by and by," "We will try and do you good," or by that most jejune formula, "The weather is against you." But, at the outset of our therapeutic business, we shall be met by the warning note which has in it the echo of the academy rather than the discipline of the bedside. Before we can relieve a given pain, says the philosopher, we must find out its cause. Wise and deep saying! Then if we fail to know the cause, is the pain to go on unhindered? If we are called to a patient suffering from an extreme intestinal flux, and reduced to the depth of weakness by inability to retain nourishment, shall we hesitate to stay that flux, because for the moment we do not make out the cause? If we see a man bleeding to death, must we refuse to stop the living tide until we know for certain where the blood comes from? If this be the voice of philosophy, it is fortunate that the voice of humanity speaks in a different key. Death has an awkward way of solving some of our difficulties, while we are standing by in a mood of inactive meditation. To quote Dr. Latham once more: "Pain," he says, "may kill, for it may overwhelm the nervous system by its magnitude and duration." And I may add that when it does not kill, pain may wear and destroy organic structure. Human existence and destiny are greater than logical theories; and it is a splendid function of what we call analgesics, or anodynes, that they will often quell pain and at the same time quiet down the pathological processes by which that pain is caused. If, as has been truly said, the treatment of disease is a part of its natural history, this must mean that it is an essential feature in Nature's economy for herself to try and cure; or, in other words, if right be-

comes accidentally wrong, it is natural for wrong to strive to become right again, and we may help this struggle in every lawful way.

We now begin to understand exactly the work which we have to do. What is called the "excitability" of nerves and nerve-centres must be lessened and its assumed antecedents inquired for. Excitability is the first milestone on the road to disturbance and revolt. From these come, on the motor side, spasm and convulsion; on the sensory side, all the grades of feeling which range from discomfort up to pain. The sensation of pain is said to be due to a change in some part of the cerebrum which Ferrier locates in the hippocampal region. Following those paths of physiological anatomy which have been so well delineated by Dr. Lauder Brunton, we must recognize that pain may be of a purely central origin, both as regards brain and spinal cord. In most instances, however, the spinal cord is merely the track along which the dysæsthetic impressions pass from the irritated nerve somewhere on the surface of the body. If this track, however long it is, be free from obstruction between periphery and centre, the thing which hurts the skin is sure to be perceived far above and away in the hidden parts within the cranium; but in any part of this road pain may begin; in any part, pain may be felt; and to know where the enemy is, and how to fight him, is the strategic business which the practitioner has to undertake.

When we have time, therefore, to consider in any case what kind of pain it is, and how to apply our remedies, it is useful to keep this pattern of the nervous system in our minds. It will recall the valuable principle that the paths of physiological anatomy are very often the paths of therapeutic anatomy, and that the one is only the natural corollary of the other. How clear this makes some of our supposed empiric puzzles! Next we shall realize that pain and all increased sensibility point to lowered vitality as the true antecedent cause. So strongly was the late Dr. Anstie impressed with this that he thought lowered vitality was necessarily connoted by pain; and Dr. Radcliffe has even placed the phenomena of pain on a level with those of involuntary muscular contraction as regards their vital significance. Just as the action of vital force would seem to be rather that of restraining muscular contraction than of exciting it, so pain should be represented by a relaxation of molecular laws, a lessening of the cohesion of life, and a tendency downwards to a gross physical condition of things.

If this sketch of what may be styled the anatomy and physiology of pain be true, it will greatly help us to understand our medical function as healers and restorers. We talk in a loose way of deadening pain, a false and vulgar metaphor: a truer creed is that pain as such, and viewed apart from all complications, is a symbol of dying tissue, of tissue which is receding from the standard of life. The lesser artillery, called "indirect anodynes," is countless in its number and variety. Whatever makes us more comfortable and happy, more satisfied with ourselves, and in brighter humor with the world in general, is an indirect anodyne. A change of posture, an adjustment of dress, or a re-arrangement of diet, may be anodynes in a circuitous fashion; and so may be the subtle influences of scene and climate, and the thousand trifles of daily life which go to make up the tale of beauty and joy. We brush away this sentimental fringe of our subject, and pass without apology to graver themes.

When pain is part of the natural history of a disease, like rheumatic fever, we hope that the proper antidotes to the disease may so quickly alleviate the pain that it shall not call for a separate line of treatment. Joints cannot swell without neighboring vessels and nerves being squeezed; swelling in one area means unfair encroachment upon another; organs which dwell together in international comity during health cry aloud when there is pathological war. Peritonitis and pleurisy might be termed peritoneal and pleuritic neuralgia so far as pain is concerned; it is not the mere inflammatory exudation which creates so much mischief, but the pressure on nerve-threads and the profound disturbance of ganglionic centres. Moderate the inflammatory storm, and we moderate the pain; and, if we try to quell the pain by special means faster than Nature quells it, we do so because the shock of neural injury may put very life into jeopardy. It is true that meddlesome physic may be as bad as meddlesome midwifery, and a specific fever cannot be stopped any more than an atmospheric tempest. But some of the complications of that fever may be shortened, or even prevented; and it is always rational, and not meddlesome, to raise the body out of that state in which pain is a new militant element, and never otherwise than a deadly foe.

When the enemy comes in the form of a distinct neuralgia, we seem to wrestle with him at close quarters. It is then that the idea of a suffering structure is most vividly brought before us; there is an agony which we can almost feel and see, and of which the anatomical geography can be marked with pen or pencil. Call it neuritis, call it what you will; the irritation may be central or peripheral; a tumor may press, gout and syphilis may poison, or a duct is being stretched by a bit of hard stone traveling through it. Postpone for a moment nice speculations about etiology, diathesis, and toxæmia; attend to the one clamoring symptom; and now,

we ask, what are our resources, and how do we use them? The urgent message comes; are we ready? We put into our wallet opium, morphine, and atropine; chloroform, ether, chloral, salts of iodine and bromine, and quinine; and along with these a hypodermic needle, measure-glasses, and weights and scales. We count up our treasures, certify that our tools are in working order, and think over our campaign.

Now the primacy of opium as an analgesic is incontestible; it is the type of an absolute remedy, for nothing stops its ruling power either in health or in disease. No scrap of nerve or brain, fibril or cell, is exempt from its jurisdiction; its message goes everywhere, and is felt everywhere. The fault of opium is that its mastery is too strong and its dominion too large. We cannot pick out a seat of pain, and say that only on that painful part shall the benign force of our anodyne be expended. The anodyne energy spreads about and overflows; it dulls the consciousness, and may bring oblivion; it checks and clogs the machinery of many organs, even soiling vital purity by partially stopping the outflow of biological waste. All this is a heavy cost to pay, and in the daily routine of medical work we feel it acutely. Much pharmacological ingenuity has been spent in trying to counteract these drawbacks, and the growing art of medicine brings delicate refinements of administration; but it must be conceded that the best mode of giving opium or morphine in any case can be definitely determined only by carefully considering arterial tension, the sensitiveness of the nervous system, and the medical history of the patient as regards past illnesses and damaged textures.

Suppose, now, that we are summoned at four or five o'clock in the morning to a person suffering extreme supra-orbital neuralgia, with all its concomitant misery. It would be possible, of course, to crush down immediately a fair percentage of this pain by a coma-producing dose of laudanum; a day of narcotic wretchedness will follow, and in twenty-four hours the rhythmic pain will come back as severely as before. What a piece of clumsy workmanship this would be. And yet our forefathers did not know that ten grains of quinine shorten the paroxysm even while it is going on; and that five or six grains taken at bedtime for a few nights removes the pain entirely. Quinine, then, is a relative analgesic, controlling, without the possibility of failure, pain in one nerve, and yet the ultimate cause of this elective action is quite beyond our ken. Note, please, that the more circumscribed the action the more infallible it is. We sigh for the same certain remedies for other neuralgias; analogy leads us to hope that they will be discovered some day; but, meanwhile, our art is crippled and our scientific credit impaired. Attach what value we like to gelsemium and croton-chloral, no one would say that they possess any certainty of action at all comparable to quinine.

Suppose, again, that we are summoned at seven or eight o'clock in the evening to a patient who, acknowledging a syphilitic contamination, tells that he was frantic with pain all through last night. We are obliged to say that no alleviation is possible for the forthcoming night, except through heavy opiate narcosis; on the morrow, five or six doses of a so-called specific medicine will quiet the nocturnal pangs, which will utterly go away three or four nights afterwards. Here, too, the sequel of cause and effect is as infallible as anything within the range of human agency. But for all that no one claims the potassic and sodic iodides to be other than relative analgesics; there must be the definite enthetic poison, a stage in the evolution of that poison, and the pressure of the syphilitic exudation on the infinite nerve-threads of certain textures.

Salicin and arsenic belong to the same group of relative analgesics, but to another subdivision. There must be, as before, definite pathological conditions; but more time is required for the special effects of the remedies to be developed, and their ultimate action is far less certain. I cannot do more now than just refer to the far-reaching properties of iron and its power of curing (after a reasonable interval) many forms of neuralgia and myalgia by simply raising the hæmatinic level of the whole body.

A therapeutic examination of the bromide salts enables us to illustrate a problem which has not been sufficiently studied—the power of sleep by itself to relieve pain. The potassic and sodic compounds of bromine resemble opium in reducing the excitability of the whole nervous system; and a mild pain which only frets a little may be thereby abolished—but how? By the simple virtue of the medicine itself, or by the sleep which the medicine brings? If the pain be severe enough to defy sleep, it will defy the medicine by which the sleep would have been brought. The analgesic function of the bromides, therefore, is formulated by their capacity to bring the system to that placid level where pain tends to subside, everything becomes quiet and peaceful, and sleep follows in a natural way. If, however the sleep be artificially prevented or rudely disturbed, the whole analgesic charm is broken. We all know that a good night's rest is Nature's balm for many troubles; but forced sleep, as it is called, is as much a drug as the drug itself which brings it. It is really a narcosis, a morbid condition which mimics sleep, but it is not true therapeutic sleep any more than the gay laughter

of delirium is a sign of a light heart and a happy mind.

And now for the pain which shrieks and prays for ease; what have we in our wallet but opium, and its alkaloidal principle, morphine? If I understand rightly my privilege to-day, it is the discussion of certain useful points; and the first which I have to suggest concerning opium is this: before the introduction of hypodermic morphine, all those cases of intolerable pain in which, to use Dr. Bruce's words, "complete and instant relief must be given," were treated by anæsthetic inhalation. There was really nothing else to be done. At any price the agnostic strife must be abated. But the anæsthetic calm was of too short duration; it could be maintained only at the risk of dangerously depressing the heart; and the chance was that when the anæsthesia passed away, the pain would be felt as acutely as before.

On the other hand, it might be urged that hypodermic medication has its perils; and that if the initial dose for a stranger be in the slightest degree too large, a patient would be rescued from one danger only to be plunged into another, with the prospect of cardiac collapse. A person whose morphine susceptibilities we know, stands on a wholly different footing from one who has never been under our treatment. Now, I plead that the acute and fearful pain of an impacted gall-stone, of some pleurisies, of an obstructive colic, or of a sudden lumbago, should be instantaneously treated by that superb analgesic, hypodermic morphine, and in this fashion, too, which is never dangerous: Begin with a dose relatively very small, and combined with the one hundred and twentieth of a grain of atropine; and within an hour or an hour and a half, inject another dose of morphine, equal to twice the original quantity, the effect of which should be quietly watched. A third dose, four hours afterwards, may be a timely help. Hypodermic morphine controls, and even cures, those irritating worries which accompany some skin diseases (as lichen and pruriginous eczema). And what else can we do for severe paroxysmal asthma, for the lightning strokes of tabes, and for the "scalding" and "burning" of rheumatoid arthritis?

The administration of medicines by the method of comparatively small and frequent doses has occupied my thoughts for fifteen or sixteen years. The object of the method is, shortly, this. In a certain number of cases it can be demonstrated that we get by it nearly all the possible medical good from a drug with the least possible harm; for every potential drug has some shadow of harm going along with it, and this not only when prescribed in an obviously wrong way, but even when ordered according to the common-place style of a medium official dose every four or six hours. A quarter of a grain of tartrate of antimony every four hours will mostly cause horrible sickness and depression; but one-sixteenth of a grain every hour for sixteen hours, may be taken with no more physiological disturbance than if we had given so many rations of cold water, and the remedial effect is superior. And so with opium. When we deem it most safe and effective to administer opium by the mouth as our analgesic weapon, we can do so with extraordinary advantage by giving one minim of the wine of opium every five minutes for half an hour, then every ten minutes for the same time, afterwards every fifteen minutes, and so on, withdrawing our remedy by degrees according to the result produced. In this manner we compass that therapeutic end which Dr. Anstie told us to search for—the stimulating power of opium, with as little as possible of its shock-like or deadening power, as represented by sickness, or faintness, or sweating. But there are cases in which the patient counts minutes rather than half hours, as if the pain was more depressing and deadening than any antidote could be; and then it is sound practice to administer half a grain of powdered opium every thirty or forty minutes until the body is warm and the pulse rises. During this ministry of healing the sufferer is presumed to be in bed, and in a temperate, quiet room.

Time fails me to illustrate this principle in the administration of other medicines; but some analgesic properties of no mean value may be found in the hydrate of chloral, if five grains be taken every hour for five or six doses. So, likewise, of Indian hemp; five minims of the tincture every hour for seven or eight times, generally succeeds in mitigating the expulsive tortures of dysmenorrhœa. Dr. Anstie prescribed small and frequent doses of this medicine for certain forms of headache. I cannot help being pleased with the fact that the principle and practice which I advocated in the British and Foreign Medico-Chirurgical Review nearly fifteen years ago have at length been recognized and sanctioned in all authentic text-books.

That derangement of motor force, which is called spasm, generally causes pain, not originating in the cerebrum, but as the result of bruised and squeezed nerves in the structure of muscle. Here, then, we must search for a different class of remedies, not primarily analgesic, but analgesic in the secondary sense of unlocking that terrible grip of cramp and convulsion which creates the pain. Belladonna has been praised by many writers (Hyde Salter, John Harley, Binger, Trousseau, and Sée) for its control of asthma, intestinal colic, and constipation. So far as calabar bean influences the awful agony of tetanus, it must act in the same way; and I once suggested that as ergot raises motor force to a remarkable degree, there is an *a priori* proba-

bility that it may cure pain by raising the energy of sensation. There is no room on the present occasion to discuss how far the same purpose is served by henbane, stramonium, valerian, and camphor; and we have only just time to hint that careful search is still needed on the manner in which pain is blunted by alcohol, guarana, coffee, and tea. Cod-liver oil must act—at least, partially—by improving the textural integrity of the nervous structure (central and peripheral). And the astonishing way in which pain can be tamed down by blood-letting and purgatives shows how much it depends on what is called vascular tension.

The last point which I venture to introduce, is the combination of analgesics and the economy of therapeutic force, which is exemplified by giving at the same time medicines of different shades of anodyne action. Thus, bromide of sodium and morphine make an analgesic compound which has few competitors; and Dr. John Harley says that the addition of henbane to opium produces the best possible hypnotic action. When belladonna is combined with opium we sometimes obtain the most good from each drug, with the least harm. The utility of aconite and quinine together has been highly praised by Dr. H. Macnaughton Jones. Hemlock is of value in augmenting the power of more decisive "anti-neuralgic remedies." Visceral neuralgias are appeased by hydrochlorate of ammonia, iron, and strychnine. The neural trouble of herpes zoster is wonderfully controlled by quinine and arsenic. An efficacious treatment of gout used to be by quinine and colchicum. But I must close my list of illustrations by a bare reference to bromine and camphor, lobelia and stramonium, belladonna and chloral; and simply add my conviction that in no branch of our therapeutic work is there more legitimate ground for extension than in joining together things of different constitution and yet similar action. And I have not time to do more than express a hope that some will speak from a larger experience of cocaine, electricity, heat and cold, blisters, and mineral waters, as essential parts of our apparatus for gaining a mastery over pain.

The purely chirurgical part of our therapeutic warfare is so large that a bare enumeration of all the means which the surgeon enjoys would occupy much time and space. But when the surgeon has done his operative work his medical function begins; and it is decidedly more necessary for him to be a good physician than it is for the physician to be a competent surgeon. Both surgeon and physician may, however, lawfully ask the pharmacologist why, in order to blunt the excess of sensibility technically called pain, we are compelled so often to use what Shakespeare calls "insane roots, which take the reason prisoner?" The ideal analgesic is one which, however administered, bars the currents that tell of a starved and injured nerve, or of a nerve poisoned by bad blood, and yet spares the consciousness and the intellectual faculties. As yet such a boon is not fully granted, although cocaine seems to be a little step on the road; but I venture to think that this is the direction in which our inquiries and experiments should go. Of general anæsthetic vapors we have almost more than enough; and this type of analgesic is the exact opposite to what we are now in special quest of.

For the present let us make the most of the possessions we have, using them with definite aims, and under the guidance of recognized physiological laws. The want of harmony among medical men in the prescription of the commonest medicines is a reproach to high scientific pretension; and it is becoming more and more inexcusable. There is a touch of sarcasm about this in Charles Kingsley's "Water Babies" which deserves to be quoted. On a particular case, he says: "All the doctors were called in to make a report; and, of course, every one of them contradicted the other, else what use is there in having men of science?" May not this contradiction be checked by methodical habits of observation and record? A writer of distinction says that there are two species of so-called practical minds. One sort of mind is constructed according to the carpet-bag pattern—where nothing is put in any order, and, to find any article, everything else has always to be turned out. The other is the museum sort of mind, in which every specimen is arranged and labelled in proper sequence, and whatever is wanted is always easily found. Peep into the *penetralia* of our surgical friends, and behold all their manual apparatus stored in neat and handy array: splints, sutures, lancets, knives, syringes, probes—everything is in its place, and responds immediately to the master's call. Now, would it not be an excellent training of the medical intellect if the physician had his little cupboard duly furnished with analgesic medicines, arranged in therapeutic groups, and always pure and ready for instant use?

To conclude: The spiritual elements and forces around us are the most gracious anodynes, full of consolation and hope. They deserve our thankful commemoration, and a coarse materialism shall never put them aside. A medical man, himself, may be a good and powerful anodyne by reason of his truthfulness, self-sacrifice, and loyal care. Without the analgesic touch of sympathy all our cleverness is but dust and ashes. And if we have what Kingsley calls the Christian "fire in the heart," which prompts us to dare and do our best, we shall regard it as the noblest badge of our craft to lighten the sorrowful burden of pain—the penitential heritage of a sinning and dying world.—J. KENT SPENDER, *British Medical Journal.*

COMMERCIAL NEWS.

The Nutrition of Infants.

Nearly eighty-two per cent. of the children that die under two years of age, die from diseases which have their origin in defective or faulty nutrition. When this enormous proportion, with the facts which show conclusively the causes that have operated to bring about this heavy mortality, is duly considered, it is at once evident that by proper nutrition many of them might be saved. In the study of what constitutes proper nutrition, we find there can be no correct theory except it be founded upon the study of the composition of human milk. This has been done in the preparation of Lactated Food (Wells, Richardson & Co., Burlington Vt.), and the success that has attended its administration proves it to be a most perfect food for the proper nutrition of Infants.

J. H. Hobart Burge, M.D., 132 Montague Street, Brooklyn, writes: "I have no hesitation in saying that I regard Lactated Food as a valuable contribution to our means of nutrition, not only in health, but in disease, and especially for the relief of the troubles incident to the malnutrition of infants."

Write the manufacturers for further information and samples, mentioning this journal.

Why not Get a Cork Screw and Give it Air?

The following advertisement appeared in the New York Tribune:—

"A young girl wanted in a private family to act as nurse to a bottled baby.—*Babyhood.*

Complimentary Samples.

Believing that an odorless and efficient disinfectant is of as great value and usefulness to the doctor of the small place as of the large city, Henry B. Platt, of 34 Platt Street, New York City, will forward by express, prepaying all charges, a full pint bottle of "Platt's Chlorides" to each physician sending name, post-office address, and express office.

For purifying the atmosphere of the sick-room, for deodorizing and disinfecting the discharges from the sick, for combating contagion, as an antiseptic in the lying-in chamber, and as a general disinfectant for all household purposes, "Platt's Chlorides" is now recognized as a standard preparation; and through the kindly interest of the medical profession, coupled with its proven merit, has become established in large demand.

Curious Epitaph.

The following is on a tombstone in the north of England; date 1736. It chronicles the death of an *old maid* who died of *dropsy*:—

"The Lord be praised,
My belly's raised
Without the aid of man."

The Medical Bulletin has now a larger subscription list than any other Philadelphia medical journal.

Merit Apreciated.

The specialties of the Peacock Chemical Company have become so popular with the medical profession that the facilities of their manufacture have become inadequate, and to supply the increased demand they were forced to look out for more extensive quarters, and finally selected and removed into the large, four-story, double building, comprising Nos. 113 and 115 Locust Street, St. Louis.

We offer our congratulations on this evidence of prosperity; but, then, young blood in business always wins when supporting an article of real merit, such as the "Syr. Brom. Comp. Peacock," which is a most happy combination of chemically pure bromides. Those of our readers who have not tried this preparation in epilepsy and other neuroses, will do well to write for sample bottle, mentioning this journal.

Compound Iodoform Powder.

Griffith & Co., chemists of 146 Second Avenue, New York, have succeeded in combining iodoform with other antiseptics, so that the odor of iodoform is nearly overcome, while its medicinal properties have not been impaired, but possibly improved.

The powder emits a rather pleasant odor, and it is said to have been found useful in diphtheria, croup, syphilis of larynx, nasal catarrh, eczema, and other skin diseases.

Send for sample, mentioning this journal. It will be sent by mail, post-paid.

Treatment of Consumption by Gaseous Enemata.

A Simplified Apparatus.—William Snowden of No. 7 South Eleventh Street, Philadelphia, has perfected an apparatus for the preparation and administration of gases into the bowel, which combines many new and important features, not the least of which is the low price at which the complete outfit is sold.

Our space forbids a description of this improved apparatus, other than to say it is prepared according to the method of Dr. L. Bergeon.

The usual price of the various apparatuses prepared for this purpose is $10, while Snowden's improved outfit sells for only $6.

A good idea of its character can be obtained from a glance at the illustration on advertising page No. 29.

Notice of Removal.

Owing to a change of ownership of the building at the N. E. Corner Broad and Arch Streets, Philadelphia, where "The Surgical Institute" has heretofore been located, a removal has become necessary. Therefore, until further notice, patients will be received and treated at the offices of Dr. J. G. Allen (surgeon in charge) at N. E. Corner Thirteenth and Spruce Streets, where all communications relating to the Surgical Institute should be sent.

Improvements in arrangements and apparatuses are being perfected that will give to patients even greater advantages than were attainable at the old establishment.